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**Ageing, Gender and Sexuality: Equality in Later Life**

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## **ABSTRACT**

In this thesis I explore how ageing, gender and sexuality intersect to influence equality in later life, in relation to older lesbian, gay and bisexual individuals and non-labelling individuals in same-gender relationships (LGBN). In particular I argue that temporality and spatiality shape uneven outcomes in later life by informing the discursive and performative production of ageing, gender and sexuality, which in turn influence access to resources, recognition and representation in older age contexts. Taking a feminist socio-legal perspective, my thesis addresses four questions: 1) How are the lives of older LGBN individuals framed in regulatory contexts?; 2) How do these regulatory frameworks inform ageing LGBN subjectivities and kinship formations?; 3) What are the main concerns of older LGBN individuals in relation to ageing?; and 4) How are the lives and concerns of older LGBN individuals represented by activists working on their behalves?

To address these questions, I analyse the regulatory contexts relevant to LGBN ageing (Chapter Two). Methodologically, I expand understandings of ageing, gender and sexuality in later life through utilising qualitative data from interviews with older LGBN individuals and activists working on their behalves (Chapter Three). I analyse data from these interviews to consider: LGBN ageing subjectivities (Chapter Four), kinship constructions (Chapter Five) and anticipated care futures (Chapter Six), and to explore activists' representations of older LGBN individuals' lives, issues and concerns (Chapter Seven). In the final chapter I consider the implications for social policy and future research (Chapter Eight).

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## CHAPTER ONE: INTRODUCTION

### 1. Introduction

In this thesis I explore how ageing, gender and sexuality intersect to influence equality in later life, in relation to older lesbian, gay and bisexual individuals and non-labelling individuals in same-gender relationships (LGBN individuals)<sup>1</sup>. In particular I argue that temporality and spatiality shape uneven outcomes in later life by informing the discursive and performative production of ageing, gender and sexuality, which in turn influence access to resources, recognition and representation in older age contexts.

My research takes a feminist socio-legal perspective. I propose a new cohort model to explain how past and present interact to produce differing outcomes in later life, nuanced by age, gender, sexuality and class. I show how the cohorts inform ageing subjectivities, kinship formations and access to informal intergenerational support in later life. In addressing older LGBN individuals' concerns about future formal care needs, I locate them in spatial terms, in relation to anticipated inequalities in older age care spaces, and consider this in terms of both power and resistance in those spaces. In considering activists' representations of LGBN ageing subjectivities, kinships and concerns, I propose that homogenising and integrationist strategies privilege the narratives of older gay men and marginalise the voices of older women, bisexual individuals, those individuals with more fluid and non-labelling sexualities, and those with more radical resistance narratives. I argue that the place of gender in

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<sup>1</sup> A detailed explanation of this acronym follows later in this chapter.

LGBN ageing has been marginalised in research, activism and social policy, and suggest ways in which this could be addressed.

In this introductory chapter I outline key concepts (ageing, gender and sexuality; family and kinship; activism) and theoretical frameworks (equality, feminist socio-legal perspectives; intersectionality; temporality; and spatiality). I summarise the research context, identify gaps in knowledge, and explain how my thesis addresses those gaps. I then offer an overview of my thesis, in terms of research questions, design and a brief outline of each chapter.

## **2. Key Concepts**

In this section I shall briefly outline how I shall mobilise the following key concepts in my thesis: ageing, gender and sexuality; family and kinship; and social movements.

### **2.1. Age(ing), gender and sexuality**

Older LGBN individuals experience later life at the nexus of age(ing), gender and sexuality which, separately and together, ‘serve as organizing principles of power’ (Calasanti and Slevin, 2007: 10). Chronological age is one of the most powerful ways in which we are socially organised (Fredman and Spencer, 2003), with normative behaviours, rights and responsibilities based on age, varying widely according to historical and cultural contexts (Reed et. al., 2006: 893). There are also different dimensions to older age itself, from the perspective of functionality:

The National Service Framework for Older People (DH, 2001) suggests three groupings, namely: those ‘entering old age’ who live active and independent lives; those making the transition from independence to frailty, and those individuals who are frail and may have accompanying conditions that require care and support. (Ward, Pugh and Price, 2011:6)

Older age is, in many cultures, particularly in the Western world, often a time of cultural devaluation (Featherstone and Hepworth, 2005). Older people, especially in very old age, often shift from economic and social productivity to economic and social dependency, diminishing their cultural and social worth in capitalist societies (Estes, 1979 & 1993; Townsend, 1981; Phillipson, 1998; Estes, et. al., 2001). This is nuanced by processes of cumulative advantage and disadvantage across a lifetime (Dannefer, 2003).

The intersection of gender with ageing is profound. Women writers (Germaine Greer, 1991; Barbara MacDonald and Cynthia Rich, 1991; Betty Frieden, 1994; Gloria Steinem, 1995; Simone de Beauvoir, 1996) have highlighted the cultural devaluation of older women for several decades. Susan Sontag's article in the 1970's, 'The Double Standard of Ageing' (Sontag, 1972) argued that ageing women are stigmatised and marginalised both by ageing and by being ageing women. Merryn Gott wrote, 30 years later,

Susan Sontag's 'double standard' of ageing is alive and well in the 21<sup>st</sup> century in that physical ageing continues to disenfranchise and desexualize women in a way that it does not men. (Gott, 2005: 33)

Prevailing discourse about gender and ageing is underpinned by heterosexist assumptions (Cronin, 2006). Older people, if they are seen as having a sexuality at all, even if it is seen as a retrospective one, are generally assumed to be heterosexual (Roseneil and Budgeon, 2004). However there has been a very recent growth of interest in 'how ageing mediates lesbian and gay experiences and relationships' (Heaphy, 2009: 135) and in how gender *and* sexuality mediate the ageing experience.

Despite modern day binary constructions of hetero- homo- and bi- sexualities, sexuality is far more complex, fluid and socially, historically and contextually contingent (Richardson, 2000a; Weeks, 2010). Since Kinsey's early work (Kinsey, 1948 & 1953), there has been a growing recognition of the overlap between the hetero- and the homo- and of sexual fluidity in individual lives (Sedgwick, 1990), particularly the lives of women (Kitzinger, 1987; Diamond, 2008). Sexuality itself is a contestable term (Weeks, 2009), in terms of whether it describes a behaviour, an orientation (innate or acquired), a strategic identity (Bernstein, 2009), an actual identity (Calzo, 2011), with/out a politicised component (Adam, 1995; Power, 1995), a broader ethos (Blasius, 1994), or possible combinations of all. In this thesis I shall work with the concept of sexuality as plural, gendered and socially, temporally and spatially contingent.

Language is crucial here. It can be challenging to find ways of encompassing *both* people who identify as lesbian, gay, bisexual or queer *and* individuals who have same gender desires and/or engage in same gender sexual relationships, but who do not mobilise a lesbian, gay, bisexual or queer identity (Stein, 2012). Some authors have used the concept 'non-heterosexual' (e.g. Heaphy, Yip and Thompson, 2004), but this positions same/bi gender sexualities in a deficit position (Harding, 2008), i.e. in terms of what they are not, rather than what they are. Another option is to talk about 'queer' as a global term (Gamson, 1995). But queer is a term many individuals do not identify with, particularly older individuals who associate it with historical pejorative language, and it is often rejected by those feminists who consider it to obscure and/or undermine gender politics (Jeffreys, 2003). Another possibility is to

talk about ‘minority sexualities’ (e.g. de Vries, 2014). But this implies fixed positions of minority and majority sexualities (Herman, 1994), when in reality each position is socially constructed and can shift across time. Jeffrey Weeks has observed,

We now know that heterosexual is not only a preference; it is an institution, so embedded in the ways we think and act that it is almost invisible, unless you try to escape it. Homosexuality may have come out into the open, it may have made institutionalized heterosexuality porous, but even in the advanced cultures of the West it is still subjected to the minoritizing forces that excluded it in the first place. (Weeks, 2007: 12)

So another possibility, in recognition of these ‘minoritizing forces,’ might be to use the term ‘minoritised sexualities.’ However this would invisibilise lesbian, gay and bisexual cultural practices and social experiences, particularly the importance for some of ‘coming out’ as an ongoing, iterative, interactional process<sup>2</sup>. It also does not take into account the political dimensions of sexuality, particularly the elective sexualities of some radical feminist lesbians. I have therefore chosen to use the acronym ‘LGBN,’ which stands for lesbian, gay and bisexual (LGB) individuals and those individuals in same-gender relationships who do not (N) label their sexualities. As will be seen later, this is of particular relevance for a number of the interview participants in my research.

There has been considerable progress in the legal recognition (and regulation) in the lives of LGBN individuals in recent decades, particularly in the UK (Weeks 2010; Harding, 2011), and in rights affecting women (including LGBN women, of course). In terms of women’s rights, there were major developments in legislation in the late 1960s and early 1970s (e.g. the Abortion Act 1967; the Divorce Reform Act 1969; the Equal Pay Act 1970; free contraception under the NHS Reorganisation Act

1974; the Sex Discrimination Act 1975; and the Domestic Violence Protection Act 1976). In terms of sexuality/sexual identity, homosexual acts between consenting men aged 21 or over were decriminalised in 1967<sup>3</sup>, with the age of consent being reduced to 16, the same age for heterosexuals, in 2000<sup>4</sup>. Homosexuality was declassified from the Diagnostic and Statistical Manual (DSM) II in 1973<sup>5</sup>.

A previous Conservative government had introduced 'Section 28'<sup>6</sup> which prohibited the 'promotion' of homosexuality (which impacted upon a lot of information and education services) but this was repealed by a Labour government in 2003<sup>7</sup>. The current Conservative Prime Minister under the UK coalition government recently apologised retrospectively for Section 28<sup>8</sup>. The ban on serving in the military was lifted in 2000. Sexual orientation discrimination at work and in vocational training was prohibited in 2003<sup>9</sup> and in the provision of goods and services in 2007<sup>10</sup> and subsequently as a protected characteristic under the Equality Act 2010. Same-gender couples were allowed to adopt in 2002<sup>11</sup> and in 2004, the Civil Partnership Act was passed, providing the same legal recognition as heterosexual marriage. Under the Marriage (Same Sex Couples) Act 2013 and the Marriage and Civil Partnership (Scotland) Act 2014, same-gender couples are also now able to marry<sup>12</sup>. This thesis is

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<sup>2</sup> Thanks to Rosie Harding for this insight.

<sup>3</sup> The Sexual Offences Act 1967.

<sup>4</sup> The Sexual Offences (Amendment) Act 2000.

<sup>5</sup> Homosexuality was declassified from the seventh print of DSM II in 1973 (McCommon 2009).

<sup>6</sup> 'Section 28' of the Local Government Act 1988.

<sup>7</sup> Repealed earlier in Scotland, in 2000.

<sup>8</sup> <http://www.guardian.co.uk/politics/2009/jul/02/david-cameron-gay-pride-apology>

<sup>9</sup> Employment Equality (Sexual Orientation) Regulations 2003.

<sup>10</sup> The Equality Act (Sexual Orientation) Regulations 2007.

<sup>11</sup> Adoption and Children Act 2002.

<sup>12</sup> With exclusions for the Church of England and an opt-in clause for others religious organisations.



located within the context of these major changes and how older LGBN individuals have navigated and constructed their lives through them.

This thesis does not address trans ageing. This is not to deny the overlap that there can be between LGBN ageing and trans ageing issues at times, nor the very real and unique concerns which affect trans individuals, particularly transsexuals, as they age (Bailey, 2012; Grant, 2010; Cook-Daniels, 2006). However my conceptualisation of gender highlights the tensions between many feminist and trans academics (Fineman, Jackson and Romero, 2009). While I respect and support the right of every trans individual to define themselves, and to assume whatever gender identity feels right for them, in whatever way feels right for them, and do not uphold the more extreme radical feminist positions on trans issues (Bindel, 2014; Jeffreys, 2014), my theoretical analysis of gender nonetheless does not sit comfortably alongside some aspects of trans gender analyses (Whittle, 2006; Currah, 2009).

My understanding of gender is that it is a social and cultural construction of normative behaviour based on notions of femininity and masculinity. Gender is to me, as Judith Butler (Butler, 1999) has argued, an issue of performance, rather than an expression of particular innate qualities. Gender performance is, according to my theoretical conceptualisation, reproduced by disciplinary processes which serve to reinforce binary gender-based norms and compulsory heterosexuality (Rich, 1980). I am interested in how binary notions of gender, and the gender inequalities which they underpin, are played out in relation to LGBN ageing. To have addressed trans ageing issues in the context of this particular analysis would have risked obscuring and/or

conflating issues of gender inequalities, which, according to one of the main arguments of my thesis, are already marginalised in ‘LGB’/‘LGBT’ ageing discourse.

## 2.2. Family/kinship discourse

Part of my analysis of LGBN ageing involves consideration of the kinship networks of older LGBN individuals, particularly intergenerational kinship. The historical denial of access to family life has been central to the (historical) social exclusion of lesbians and gay men (Calhoun 2000). Prior to the Civil Partnership Act (CPA) 2004 there was no legal mechanism in the UK for same gender couples to secure legal recognition for their relationship (Harding 2011). The post-WW2 welfare state<sup>13</sup> produced and reinforced a particular notion of family, that of the heterosexual male breadwinner providing for an economically dependent stay-at-home heterosexual wife and their children (O’Donnell 1999; Carabine 2000). This was further entrenched as the 20<sup>th</sup> century progressed, through various forms of legislation<sup>14</sup> which served to maintain ‘the very idea that lesbian and gay families are essentially different and, indeed, deficient’ (Hicks 2005: 165).

Non-heterosexual parenthood was also difficult to access: firstly due to technological limitations in the early part of the 20<sup>th</sup> century, and then when advances in conception and fertility treatment in the late 20th century potentially opened up pathways for lesbians and gay men to become parents (Zanghellini 2010) legal

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<sup>13</sup> Heterosexuality was reinforced by welfare provision (Family Allowance Act 1945), tax benefits for married couples (i.e. Married Man’s Tax Allowance), pension, property (e.g. the Rent Act 1977) and inheritance rights.

<sup>14</sup> Under the Family Law Act 1991, divorce law reforms further entrenched institution of heterosexual marriage (Collier 2000) while the 1998 Green Paper ‘Strengthening Families’ ‘virtually ignores’ (Collier 2000: 173) cohabiting couples, be it heterosexual or gay. The Children Act (1989) which established the enduring responsibilities of biological parenthood post-divorce, and the Child Support Act (1991), which established economic accountability of absent fathers served to entrench the place of biological fathers in family life.

constraints<sup>15</sup> then limited their access to associated professional services. Adoption was not an option in those years when homosexuality was still criminalised, vilified and regarded as a psychiatric disorder and/or perversion and when there was a conflation, for gay men in particular, of homosexuality and paedophilia (Hicks and McDermott 1999). Prior to the Adoption and Children Act 2002 only married couples or single individuals were allowed to adopt, and there had continued to be a wariness in supporting lesbian or gay adoption (Skeates & Jabri 1988) entrenching the heterosexual marriage as the primary couple form for child-rearing (Donovan 2000).

Self-insemination networks enabled more lesbians to become mothers in the 1970's and 1980's, sometimes co-parenting with gay men (Clarke 2008). However Section 28, the conservative backlash to both this, and increasing lesbian and gay visibility (Cooper and Herman, 1995), explicitly stated that 'local authorities should not promote the teaching in schools of the acceptability of homosexuality as a pretended family relationship'. This was emphasised in parliamentary debate when, for example, the Earl of Caithness said:

Local authorities should not be using their powers under section 17 of the Education (No. 2) Act 1986 to encourage the teaching that relationships between two people of the same sex can and do play the same role in a traditional family. (Earl of Caithness 1988)<sup>16</sup>

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<sup>15</sup> The Human Fertilisation and Embryology Act (1990) made it a requirement that doctors should take account of a child's need for a father before giving women access to any licensed fertility services. This stance clearly denied lesbians access to fertility treatment. Additionally only one partner of a same sex couple could be named as the child's parent on the birth certificate, with the other partner required to apply to the courts to adopt their child. The Human Fertilisation & Embryology Act 2008 subsequently removed the father requirement, requiring consideration be given to 'supportive parenting' instead. In addition, both partners in a same-sex couple undergoing clinic-based fertility treatment could be named as parents on the child's birth certificate.

<sup>16</sup> Lords, *Hansard*, 16 February 1988, 627

The upshot of this is that for many LGBN individuals for most of the last century a lack of discursive and performative space meant parenting outside a heterosexual relationship was a rarity.

Additionally, those LGBN individuals who had children in heterosexual marriages and then tried to leave those marriages often came into difficulties in terms of child custody, many lesbians in particular losing custody of their children<sup>17</sup> through being considered ‘unfit’ mothers (Wyland 1977; ROW 1984; Bradley 1987; Radford 1992; Beresford 2008). By the turn of this century when partnerships were legally recognised, adoption and reproductive assistance comparatively more accessible, most older LGBN individuals were already in the late fifties, or older. While partnership recognition was accessible, parenthood was not, because they were, in a sense ‘out of time’ to reap the benefits of associated legal changes. This then is the historical background to older LGBN individuals’ current engagement with ‘family’ issues.

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<sup>17</sup> In *Re P (A Minor)(Custody)* [1983] 4 FLR 401 a court placed children with their lesbian mother only as a ‘last resort’ alternative to local authority care (O’Donnell 1999). The issue of potential ‘corruption’ of the children by their mother’s ‘deviant’ sexuality was mitigated only by her discretion with regard to her sexuality, i.e. if she had been less ‘discrete’ she would have been corruptive and so not granted custody (Beresford 2008). In a later court case, *(B v B (Minors)(Custody, Care and Control)* [1991] 1 FLR 402, while the issue of deviance had faded, the issue of corruption had not. While awarding custody to a lesbian mother, the court distinguished between lesbians who did not ‘advertise’ their lesbianism (such as the mother in the case) and ‘militant lesbians who tried to convert others to their way of life’ [citation]. Implicit are both the notion that same sex parents/sexualities are potentially contaminatory and that it is undesirable to grow up lesbian or gay (Norrie, 2001) and explicit is the idea that lesbian and gay parents must be extremely private about their sexualities in order to be allowed custody of their children (O’Donnell, 1999). In *Re D (An Infant)(Adoption: Parents’ consent)* [1977] AC 602, which concerned a gay father’s refusing to give consent to his son’s adoption by his ex-wife’s new husband, the court held that ‘normal’ family life was paramount in the interests of the child, and that a gay father could not provide such ‘normality’ (Beresford 2008). In *C v C (A Minor)(Custody: Appeal)* [1991] 1 FLR 223 an initial judgement granting of custody to a lesbian mother was overruled by the court of appeal for not giving sufficient weight to the mother being in a lesbian relationship. A heterosexual family context was assumed to be closer to ‘loving and sensible’ than a same sex one per se (Boyd 1992). A new hearing was ordered, with the father (and his new wife) awarded temporary custody, although at the subsequent hearing *C v C (Custody of Children)* No.2 [1992] FCR 206, custody was again awarded to the mother, on the basis that her sexuality was only one of a number of factors to be taken into account.

In this thesis, I have sought to navigate a cautious path in relation to the use of language in regard to kinship. The word ‘family’ itself is problematic not only because it is so closely tied to heteronormative family models (Roseneil and Budgeon, 2004; Smart, 2007), but also because of the increasingly fluid ways in which families are performed (Weeks, Heaphy and Donovan, 2001). It is this fluidity and variety of family forms that causes some queer theorists to argue that there is an ongoing breaking down of heterosexual family structures. ‘Family of choice’ (Weston, 1991; Weeks, Heaphy and Donovan, 2001) is also a problematic term, in several ways: in the inclusion of the word ‘family’ with its heterosexual overtones; because same-sex family structures are themselves diverse, some taking more traditional forms, others less so; because although the term is used to describe same-sex families, it can apply to heterosexual families too; and because some of the purported core qualities of ‘families of choice’ have been brought into question, e.g. egalitarian structures and reciprocity (Carrington, 1999). In this thesis, I shall be using the term ‘family’ in qualified ways e.g. referring to extended biological family, when that is what I specifically mean, and ‘personal communities’ (Pahl and Spencer, 2003) or ‘kinship networks’ (according to context) when referring to broader relationship networks.

A key theme in this thesis is the enduring privileging of the conjugal couple and the nuclear family form (particularly in regard to regulatory contexts, Chapter Two, and kinship performance, Chapter Five). I shall argue that this continues to marginalise of other forms of personal relationships, such as:

Non-normative intimacies – between friends, non-monogamous lovers, ex-lovers, partners who do not live together, partners who do not have sex together, those which do not easily fit the ‘friend’/‘lover’ binary classification system. (Roseneil and Budgeon, 2004: 138).

We do not as yet have a vocabulary to describe these new relationship forms (Almack et. al., 2010). I have chosen to deploy the acronym ‘SLIFs’ (Supportive and Loving Intimate Friendships) to describe them, not out of a wish to categorise in a reductionist sense, but for conceptual convenience and to aid comparison. I also consider the significance of uneven access to intergenerational relationships in terms of both resources and recognition in later life, and use the term ‘childfree’ rather than ‘childless,’ and ‘childwith’ rather than ‘with children,’ in order to avoid colluding with notions of non-parenthood as a deficit identity (Reynolds, 2011).

### 2.3. Activism

In the last decade there has been a dramatic growth of activism in relation to older ‘LGBT’ (lesbian, gay bisexual and trans) issues in the form of national and local formal and informal networks and organisations in Australia, Canada, the UK and the USA (see Appendix Eight for full details). These networks and organisations, the most developed of which are in the USA (Concannon, 2009) have been engaged in a wide range of activities, including: networking; campaigning; providing direct services; developing training tools and delivering organisational training and/or consultancy; and, more recently, the creation of specialist housing projects overseas (Harrison, 2002; Adelman, 2006; Landers, Mimiaga and Krinsky, 2010; Espinoza, 2011b; Knocker et. al., 2012).

These activities have been paralleled by growing interconnections between ‘LGBT’ academic-activists (Herman, 1994) and community activists (Blomley, 1994; Oliver, 1997; Wilson, 2001; Witten and Eyler, 2012). These have involved various forms of ‘think tanks’ (Bagdett, 2001: 359), i.e. academic programmes, academic

departments, research funds, lecture series, conferences, workshops, journal and book series and research centres, and joint projects including participative activist research (Fenge, 2010). In addition, a number of film-makers (in USA, UK, and India) have produced documentaries<sup>18</sup> and/or fictional narratives<sup>19</sup> about LGB/T ageing, and some local service providers have also produced short films about their projects<sup>20</sup>. It is this activism in which I am interested in terms of how LGBN issues are represented within it, what norms and normativities are deployed, and, from an equalities perspective, whose voices are prioritised and whose are not.

### 3. Theoretical Frameworks

In this section I shall explore and consider the theoretical frameworks which I shall be drawing upon in my analysis of how ageing, gender and sexuality inform unequal outcomes for older LGBN individuals, namely: equality; feminist socio-legal perspectives; intersectionality; temporality; and spatiality.

#### 3.1. Equality

Numerous lists and categories have been proposed to define the ‘what’ of equality (Baker et. al., 2009). Nancy Fraser has clustered it into three main umbrella groupings: distribution (economic resources); recognition (cultural) and representation (political) (Fraser, 1996, 1997, 1998, 2007 & 2008a). Fraser repeatedly refers to their inter-relatedness throughout her writing. However Fraser

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<sup>18</sup> *Out Late* (2008) (<http://www.imdb.com/title/tt1341764/>); *GenSilent* (2011) ([http://stumaddux.com/GEN\\_SILENT.html](http://stumaddux.com/GEN_SILENT.html)); *Out Late* (2008) (<http://www.imdb.com/title/tt1341764/>) ; *Project Bolo* (2013) (<http://www.youtube.com/show/projectbolo>)

<sup>19</sup> *Hannah Free* (2009) ([http://www.imdb.com/title/tt1315214/?ref=fn\\_al\\_tt\\_1](http://www.imdb.com/title/tt1315214/?ref=fn_al_tt_1)); *Cloudburst* (2011) ([http://www.imdb.com/title/tt1466054/?ref=nv\\_sr\\_1](http://www.imdb.com/title/tt1466054/?ref=nv_sr_1)); *Rufus Stone* (2013) (<http://www.rufusstonemovie.com/>).

controversially asserted in 1996 that lesbian gay and bisexual equality was a problem of recognition, not redistribution (Fraser, 1996, 13-14). This, not surprisingly, aroused considerable debate (Olson, 2008) particularly with Judith Butler (1997) and Iris Marion Young (1998). Butler, in her paper 'Merely Cultural,' emphasised the interrelatedness of 'the reproduction of goods as well as the social reproduction of persons' (Butler, 1997: 40) and Iris Marion Young conceptualised cultural recognition not as an end in itself but 'a means to economic and political justice' (Young, 1998: 148). Fraser did acknowledge in a footnote in a paper in 2007 'even sexuality, which looks at first sight like the paradigm of pure recognition, has an undeniable economic dimension' (Fraser, 2007: 27, footnote 3) indicating that she had somewhat shifted her position in response to these criticisms.

Davina Cooper has proposed an alternative 'equality of what' that is overarching and does not rely upon discrete categorisation, namely 'equality of power' (and by power, she means economic, social, cultural and relational power, rather than just political power). She proposes an understanding of equality as no-one having 'an inherent right to impact more on their social and physical environment than anyone else' (Cooper, 2004: 77). However this looser description makes it more difficult, I would suggest, to focus on particular aspects of inequality for analysis (Harding, 2011). If one does narrow-in, then I think the categories Fraser has described (or ones similar to them) will still end up being deployed. For this reason, despite her uneasy relationship with sexuality, I consider Fraser's central framework helpful in structuring an analysis of equality and use it in this thesis.

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<sup>20</sup> *Opening Doors London* (<http://www.openingdoorslondon.org.uk/>); *Latecomers* by the *Older and Out* project, Age Concern Lancashire (<http://www.fiftyfiveplus.org.uk/index.php/permalink/3352.html>).



In her analysis of resources, Fraser placed emphasis on the (re-)distribution of economic resources. While access to material resources is extremely relevant in informing later life outcomes, particularly as they are closely related to being able access social resources (Heaphy, 2009), I suggest that other resources are of equal significance, particularly to older people. Health, physical and cognitive functioning, social networks and informal social support all have direct impact upon well-being in late life (Glaser, 2009; Bond & Cabrero, 2007; Frederikson et. al., 2013; Cronin and King, 2013). Access to formal care and housing is another key resource in older age, engaging with issues of affective equality (Lynch, Baker and Lyons, 2009) and understandings of equality of care from the perspectives of feminist care ethics (Tronto, 1993; Kittay, 1999; Sevenhuijsen, 2003; Held, 2006; Lynch, 2007 and 2010). The Stonewall-commissioned study (Guasp, 2011) reported that older 'LGB' people were most concerned about getting older in relation to: needing care; independence; mobility; physical health; housing; and mental health. These are clearly significant resources in the context of LGBN ageing. So in the context of this thesis, my conceptualisation of resources includes both material and financial resources and these broader personal resources as well.

Equality of recognition involves social status, cultural visibility and cultural worth (Young, 1990; Fraser, 1996; Nussbaum, 2010). Ageing LGBN individuals are affected by issues of recognition relating to gender, sexuality and older age, as well as other intersecting social divisions. They are, in turn, affected by ageism (Nelson, 2005) at its intersection with sexism (Arber and Ginn, 1991) and heterosexism (Slevin, 2006). Heterosexism (the systematic privileging of heterosexual identities) is a

‘pervasive cultural phenomenon’ (Peel, 2001: 544) operating individually, culturally and institutionally. Individually, heterosexism is maintained through everyday interactions: the operation of norms (Butler, 1999); mundane heterosexism in ‘everyday talk-in-interaction’ (Kitzinger, 2005: 221) and in the ‘discursive reproduction of homophobia’ (Gough, 2002: 219). Institutional heterosexism is ‘expressed through society’s structure, institutions, and power relations’ (Herek, 2004:11). Within specific institutions this involves the systematic discursive and performative reproduction of heterosexism, heteronormativity (the assumption that heterosexual identities and relationship formations are the norm) and homophobia. Institutional heterosexism is of particular concern to older LGBN individuals with formal care needs, and this the subject of analysis in Chapter Six.

In terms of representation (Fraser, 2008b), theorists have emphasised social and political participation and access to justice (Young, 1990, 2000; Lister 1995; Donovan et. al., 1999; Cooper, 2006 & 2007) as key equality issues. The history of lesbian and gay activism (Adam, 1995; Power 1995; Jeffreys, 2003; Weeks, 2007; Cant and Hemmings, 2010; Stein, 2012) is fraught with tensions relating to identity categories and particular tensions within the ‘LGBT’ movement between queer theorists and feminists, particularly radical lesbian feminists (Walters, 1996; Jeffreys, 2003; Garber, 2006; Whittle, 2006; Fineman, Jackson, and Romero, 2009). The mobilisation of fixed identity categories, based on their ‘political utility’ (Gamson, 1995: 402) raises issues relating to the marginalisation of more transgressive presences in social justice movements (Sears, 2005). ‘LGBT’ activists use social science data ‘to claim legitimacy and render queer worlds visible in the policy process’

(Grundy and Smith, 2007: 294). However the question is which ‘queer worlds’ are rendered more or less visible through that process:

By constructing gays and lesbians as a single community (united by fixed erotic fates), they simplify complex internal differences and complex sexual identities. They also avoid challenging the system of meanings that underlies the political oppression: the division of the world into man/woman and gay/straight. On the contrary, they ratify and reinforce these categories. They therefore build distorted and incomplete political challenges, neglecting the political impact of cultural meanings, and do not do justice to the subversive and liberating aspects of loosened collective boundaries. (Gamson, 1995: 400)

Fixed categories, while reflecting an important set of experiences among some LGBN individuals can also exclude more fluid sexuality narratives, such as those of:

People whose sexes, genders, and sexualities did not align in conventional ways: by gays and lesbians who had straight sex, straights who had gay and lesbian sex, gays and lesbians who had sex with each other, people whose gender and sexual preferences changed over time, individuals who rejected binary gender and sexual categories, and trans people and their partners. (Stein, 2012: 184)

This has particular relevance for LGBN ageing. The emphasis on sexuality and age as the key distinguishers for older ‘LGB’ individuals iterates the tensions relating to gender within sexualities rights discourse (Power, 2010). A key criticism among lesbians of the gay liberation movement was that it was dominated by gay men and gay men’s issues and paid little attention to issues of gender and class, which privileged gay men over lesbians. Many lesbians believed that gay men would be ‘happy to leave the system of male domination intact’ (Adam, 1995: 99). This is also a concern in relation to LGBN ageing, discourse about which, I shall argue in this thesis, marginalises the experiences of older lesbians<sup>21</sup>, bisexual and sexually fluid women

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<sup>21</sup> Including the experiences of those women who understand themselves to have *chosen* a lesbian identity as part of their resistance to patriarchy (Dixon, 2010).

and fails to take into account how gender itself shapes the experiences of LGBN women *and* men.

### 3.2. Feminist socio-legal scholarship

My interest in gender, in the context of LGBN ageing, is located in feminist socio-legal scholarship, which has revealed and rejected the gendered constructions of law (Smart 1989), the impossibility of masculinist objectivity (Harding, 2004), and ‘the view of the subject of law as an atomised, self-interested, competitive being’ (Hunter, McGlynn & Rackley, 2011: 21), emphasising instead relationality and lifelong interdependency (Fineman, 2004). Feminist socio-legal theorists have shown how, in its application and interpretation, law is often contingent upon the subjective perspectives of (predominantly male) law makers (Hunter, 2011), and in the legal constructions of the public/private divide and its consequent variable protections for women and children (Graycar and Morgan, 2002).

Sexuality as a dimension of (feminist) socio-legal scholarship (Herman and Stychin, 1995; Stychin and Herman, 2000) has been considered in relation to such areas as: the lesbian and gay rights movement (Herman, 1994; Ball, 2009; Knauer, 2011); discrimination law (Badgett and Frank, 2007; Knauer, 2009); family law and parenting rights (e.g. Harding, 2011; Taylor, 2011a; partnership recognition (e.g. Boyd and Young, 2003; Stychin, 2006; Harding, 2006, 2008, 2010a and 2010b, 2011; Barker, 2006 and 2012; Auchmuty 2009); tensions between religious and lesbian and gay sexuality rights (Herman, 1997; Cobb, 2006; Stychin, 2009; Clucas, 2012); governmentality and (local) politics (Cooper, 1995 & 2006; Monro, 2010; Monro and Richardson, 2011; Nussbaum, 2010); equality and diversity discourse and practices

(Cooper, 2004; Richardson and Monro, 2012); and the contested notion of citizenship (Richardson, 2000a, 2000b and 2004; Conaghan and Grabham, 2007; Cooper, 2007). Very little attention has so far been given to ageing, which this thesis addresses.

There is a tension within feminist socio-legal studies, as within the broader frame of feminism (Fletcher, Fox and McCandless, 2008a), between those who interrogate the (re)production of gender (i.e. the gendering of women *and* of men) and the discursive and performative production of gendered practices at an embodied level (Fletcher, Fox and McCandless, 2008b), and those who focus more on the gender binary and issues of inequality between women and men (Samuels, 2009). Both perspectives are drawn upon in this thesis. For example, the reproduction of gender norms and normativities are considered in relation to older lesbian invisibility, particularly through the lens of ‘compulsory grandmotherhood’ (Chapter Five). Inequalities between LGBN women and GB(N) men, are also considered, in terms of gendered differential access to resources, recognition and representation in later life (addressed across Chapters Four to Seven).

### 3.3. Intersectionality

Intersectionality is central to my analysis of how ageing, gender and sexuality work with and through one another to produce uneven outcomes in later life. The concept of intersectionality emerged from Black feminist writers, (Kimberlé Crenshaw, 1989 & 1991; bell hooks, 1982; Patricia Hill Collins, 2000) who argued that the experiences of Black women could not be understood in terms of racism and sexism alone: Black women experience sexism differently from White women and racism differently from Black men. The work of these early authors has developed into a wide-reaching

intersectionality paradigm (Davis, 2007) which encompasses a number of different approaches exploring inequalities which work with and through one another:

Intersectional approaches look at forms of inequality which are routed through one another, and which cannot be untangled to reveal a single cause (Emily Grabham et. al., 2009: 1).

Intersectionality is ‘useful as a handy catchall phrase that aims to make visible the multiple positioning that constitutes everyday life and the power relations that are central to it’ (Phoenix & Pattynama, 2006: 187), and enables consideration of ‘more than one aspect of identity at a time’ (Kath Weston, 2011: 16). It is the starting place for explanations:

Intersectionality refers to the mutually constructed nature of social division and the ways these are experienced, reproduced and resisted in everyday life. A successful intersectional practice thus explores relational and reinforcing inclusions and exclusions, the first steps of which are to identify and name these’. (Yvette Taylor, 2009: 190)

Intersectionality can be problematic because of its complexity (McCall, 2009) and can, if over-simplistically applied, imply a neat and ordered interaction between identity combinations, which can mask the ‘intimate interconnections, mutual constitutions and messiness of everyday identifications and lived experiences’ (Taylor, Hines and Casey, 2011: 2). There is a risk of an assumption of equality in different axes of oppression (Erel et. al., 2011) and distinction between axes that may imply that they operate separately and in a detached way, when in fact they operate together (Cooper, 2004) and ‘mutually reinforce each other’ (Grillo, 1995: 27).

Some theorists have rejected intersectionality as a workable tool. Conaghan (2009) has proposed that intersectionality has outlived its usefulness, arguing that it fails to take into account the multi-dimensional nature of intersecting inequalities and of oppressions. Nancy Ehrenreich (2002) has argued that it cannot simultaneously

meet the needs/interests of conflicting groups; that it invites oppressions to compete; that it poses the ‘infinite regress problem,’ i.e. we are all ultimately reduced to singular individualities. Her most powerful argument is that intersectionality suggests that we are all oppressed in some ways, and although this is initially ‘appealing... it is also dangerously depoliticising, for the logical implications of a notion that everyone is oppressed, is that no-one is’ (Ehrenreich, 2002: 271). This latter point was also made by Judith Butler (1999) when she criticised the ‘etc.’ that often ends lists of identity categories, arguing that it demonstrates the limitlessness (and therefore futility) of such classification. Several theorists argue that intersectionality is fundamentally essentialising and excluding because it requires assignment to group identities (Monro & Richardson, 2011: 115).

Other authors have suggested that intersectionality may offer mediation between feminist and queer theories (Jackson, 2006) by enabling an understanding of how differently oppressed identities intersect and their intersection shapes their oppression. I share Yuval-Davis’ view (Yuval-Davis, 2006) that some degree of categorization is necessary in order to locate and distinguish between processes of inequality. However we need to constantly interrogate which categorisation is mobilised, and how, in order to ensure its continued utility. Properly applied, intersectionality still has much to contribute in engaging simultaneously with the complexities of multiple dimensions of identity and how they work with and through one another to produce inequality.

The intersections which are central to this thesis are those between older age(s), gender and sexuality. As I shall argue, these intersections are temporally, spatially,

culturally, and personally contingent, nuanced by other intersections (e.g. with class, ethnicity, culture, and religion), working together in complex ways to produce uneven outcomes in later life.

### 3.4. Temporality

Temporality is of growing interest to older LGBN scholars (McBean, 2013), in relation to historical contexts (Weeks, 2007), older age (Binnie and Kleese, 2012) and ‘the interplay of the social context and historical times as well as the nature and consequences of linked and interdependent lives’ (Fredriksen-Goldsen & Muraco, 2010: 402). History, temporality and time all ‘tangle together’ (Nealan in Dinshaw et. al., 2007: 179). Nancy Knauer has suggested that temporality is the ‘fourth dimension of intersectionality’ (Knauer, 2013: 300) demonstrating its significance to LGBN ageing as follows:

The indelible ‘time stamp’ that exists on every rendering of intersecting identities carries significant explanatory value. A seventy-five year old white woman in a long-term relationship with another woman stands at a complex intersection of race, gender, age, and sexual orientation. It goes without saying that our analysis (as well as her experience) would differ considerably if the snapshot of identity captured the intersection in 1963, 1983, or 2013. (Knauer, 2013: 300)

In order to understand ageing LGBN subjective experiences, then, we need to know in what temporal context(s) those experiences are located.

Temporality is often understood as the linear progression of times past, present, and future (Hoy, 2012), but it also involves the perception, experience, and social organisation of time. These are often non-linear (Adams, 2004) and involve different times, e.g. traditional, modern and postmodern time (Bryson, 2007), clock time and event time (Adkins, 2008). John Harrington (2012) has shown how time is



social (actively produced by various social practices), plural (specific to different contexts, locations, and activities), and rhetorical (a strategic process of persuasion, e.g. clock time). Harrington has proposed that time and law are mutually implicated in an ‘intertemporal struggle’ (Harrington, 2012: 496). For example, precedent binds the present with the past, while contract binds the present to the future. Law also engages with the life cycle, partly in the legal regulation of rights and responsibilities determined by chronological age, but also in matters of life and death, ranging from reproductive to end-of-life issues. Many feminist authors have argued that time is gendered (Felski, 2000), proposing, for example, that clock time is in conflict with (women’s) caring time (Tronto, 2003).

The intersection of age(ing), gender and sexuality is implicated in time: Halberstam (2005) has proposed the ideas of ‘reproductive time’ (‘ruled by a biological clock for women and by strict bourgeois rules of respectability and scheduling for married couples,’ Halberstam, 2005: 5) and ‘inheritance time’ (‘generational time within which values, wealth, goods, and morals are passed through family ties from one generation to the next,’ Halberstam, 2005: 5). Subsequent queer discourse about ‘straight time’ and ‘queer time’ has had ‘a tendency to reproduce rather rigid and stereotypical interpretations of queerness and heterosexuality’ (Binnie and Kleese, 2013: 584) and over-emphasise the queering of reproduction, e.g. Lee Edelman’s exhortation to queers to embrace ‘the death drive’ (Edelman, 2004). Linn Sandberg has argued that, drawing upon Butlerian notions of performativity, queering the performance of older age can overcome the abjection associated with it (Sandberg, 2008). I would argue that this is overestimating the

power of queering: even queer cannot overcome morbidity and mortality, which underpin many of the negative associations with older age (Nelson, 2005). Nevertheless, the concept of reproductive time is one to which I shall refer when considering older lesbian invisibility.

Temporality is thematically present in this thesis in a range of ways: in my analysis of the various age standpoints of older LGBN individuals at their intersection with historical regulatory and socio-cultural contexts, and the development of a new cohort model; in considering the inter-relationship of the past, present and future in LGBN individuals' subjectivities, kinship construction and concerns about care needs; and in considering the significance of intergenerationality for gendered recognition and access to resources in later life.

### 3.5. Spatiality

Temporality and spatiality are inextricably linked (Casey, 2013). Judith Butler has explored how temporality is organised along spatial lines in that different 'times' can simultaneously co-exist in different places (Butler, 2008). Additionally spaces change across time; the same spaces are differently experienced and attributed with meaning across their own time (Valentine, 2007); the same spaces are differently occupied according to personal chronological time (Simpson, 2012); and different spaces are occupied at different personal chronological times (Simpson, 2013a).

Previous understandings of space among sexualities geographers have distinguished between lesbian and gay spaces (bathhouses; cruising spaces; public sexual spaces, urban commercial sexual spaces) and of other spaces normalised as heterosexual (Bell and Binnie, 2000). However there has been, more recently, a

growing appreciation that space is co-occupied and co-produced (Browne & Bakshi, 2011), a site of discursive and performative production of intersecting identities of varying spatial power and dominance (Podmore, 2013). Gill Valentine's case study with a deaf lesbian, for example, showed how she felt marginalised by disablism when among hearing lesbians and gay men, and by heteronormativity and homophobia when among heterosexual deaf people (Valentine, 2007). Spaces occupied by older LGBN individuals are significantly under-researched, particularly older-age health, housing and care spaces (Casey, 2013). In this thesis, I utilise spatial analyses to deepen understandings of queer presences and absences (Taylor and Addison, 2013) in relation to spaces occupied by older people, and to consider their equality implications, particularly in relation to formal older age care spaces (Chapter Six).

### 3.6. Power and resistance in institutional contexts

In my analysis of older LGBN individuals' concerns about anticipated future care needs (Chapter Six) and activists' representations of those concerns (Chapter Seven), I address issues of power and resistance. I consider normative and disciplinary power in older age care spaces and consider how resistance can be both compromised by older age care needs and care spaces while at the same time having the potential to transform them.

There is a substantial body of literature on power (Haugaard, 2002). Foucault emphasised the disciplinary processes and productive nature of power and 'governmentality', i.e. the practice of social control through normative power in institutions (Foucault, 1991 and 1994), which has been developed further in relation to older age care contexts in Julia Twigg's work on embodiment and care (Twigg,

1997, 1999, 2000 & 2004). In contrast with power, however, resistance is comparatively under-theorised (Raby, 2005), including by Foucault himself (Sawicki, 1991). Rosie Harding has suggested that to separate resistance from power is to 'reify power' (Harding, 2011: 44) and emphasises the interconnected nature of power and resistance, with resistance modifying power, and power resisting that modification, so that power can also be resistance and resistance can also be power. This connects with Davina Cooper's understanding of power 'as a social relationship of inequality and dominance ... [and] as a matrix of forces structuring social life' (Cooper, 1995: 2).

Harding has proposed three types of resistance: stabilising; moderating and fracturing. Stabilising resistance, according to Harding, involves non-normative practices (being lesbian and gay parents, being 'out' at work, gender non-conforming behaviour) which do not disrupt the status quo. Moderating resistance on the other hand, is 'a form of resistance that attempts to tame power' (Harding, 2011: 47). This would include public marches and protests, both against something (e.g. anti-mandatory retirement age) or for something (e.g. gay pride), and also pressure group and social activist campaigning. Fracturing resistance, the third kind of resistance in Harding's model, involves power being broken, even if only temporarily, as in the overthrow of a dictatorship, for example.

In my analysis of resistance, I wish to contribute to the dialogue Harding has opened up in her innovative analysis by suggesting certain enhancements to her model. Firstly, I wish to propose an alternative to Harding's analysis of stabilising resistance. Increased visibility of non-normative identities does not maintain the status quo, in my view, but rather modifies it, by incorporating the non-normative

into the normative. It is, in effect a form of moderating resistance, in that, however gently, it serves to ‘tame’ power. So, for example increasing the visibility, inclusion and acceptance of older LGBN individuals in care spaces where they are currently invisibilised and/or subject to discrimination *tames* heteronormative power by changing conceptualisations of ageing care-recipients to being potentially both LGBN *and* heterosexual-identifying individuals.

My understanding of power is also angled slightly differently from Harding’s. I understand power to be *both* relational *and* a force which operates through and is operated within relational dynamics. This echoes Iris Marion Young’s understandings of power as relational, but also in terms of domination (i.e. the oppressive use of power) in the context of social and institutional structures (Young, 1990). Because of this nuanced difference in our respective understandings of power, I understand concealment (Seidman, 1999) to be a form of resistance, and one which maintains the status quo. For centuries LGBN lives and relationships have been preserved and maintained through clandestine existence, as a protective strategy in the face of an overwhelmingly dominant heterosexist culture. Drawing on the idea of prefigurative communities (Boggs, 1977, Rowbotham, 1979), protective resistance also involves living out a desired future in parallel with an oppressive regime (Maeckelbergh, 2011), with the hope of one day overthrowing that regime, rather than seeking to become a part of a modified version of it (Anahita, 2009; Brenner, 2009). The dominant culture is resisted, not by challenging it, but by avoiding it. Resistance by concealment, which I shall call ‘protective resistance,’ is not about doing something *to* heteronormative power: it is about creating a shield *from* heteronormative power. It is

this type of resistance, rather than Harding's co-existing 'stabilising resistance,' which, in my opinion, serves to maintain the status quo. I propose replacing Harding's category of 'stabilising resistance' with the category of 'protective resistance' instead.

At the other end of the spectrum of resistance, I also propose adding an additional category of a more radical type of resistance. I propose recuperating a radical vision of transformation (Segal, 2007 & 2013) in terms of 'transformative resistance.' Transformative resistance is an extension of fracturing resistance. According to Harding, fracturing resistance involves power being broken, if only temporarily. Transformative resistance does something more: it reconstitutes power, engaging with the deconstruction of systems of power and oppression (Solorzano & Bernal, 2001). Transformative resistance changes the dynamics of power, the relational web of power, the architecture and landscape of power. This is the domain of radical activism, including that of radical feminists:

Radical feminists do not accept that we are constrained by discourses, able to do no more than accept or resist them, but instead emphasise the importance of identifying who has the power to authorise those discourses, of challenging oppressive structures, and of a transformative politics which seeks to build new structures based upon equality. (Derry 2007: 321)

In other words, in a radical feminist framework, the goal is not to reposition oneself within existing power structures, but to change the power structures themselves. So, in the case of older age care provision, for example, rather than simply aiming to make existing care systems more accepting of older LGBN individuals, the systems themselves would be overhauled. This is explored in Chapter Six. So, in this thesis, I shall apply this enhanced model of resistance in my analysis, using the following categories: resistance by concealment ('protective resistance'); resistance by taming

power ('moderating resistance'); resistance by breaking power ('fracturing resistance'); and resistance by transforming power ('transformative resistance').

Issues of resistance also engage with normativity (Richardson, 2005) and homonormativity (Rosenfeld 2009; Ghaziani, 2011) debates. The normativity debate involves, on the one hand, those who propose that equality is achieved by integration and normalisation (Sullivan 1995) emphasising the similarities between LGBN individuals and heterosexual-identifying individuals 'but for' a partner's gender (Taylor, 2011a: 587). Others have argued that the price of such an integrationist approach is loss of identity, loss of difference, and further marginalisation of those who do not conform to the conventions of heterosexual relationship norms, gender conformity and 'banalized respectability' (Warner, 1999: 66). Warner's arguments were taken up by Lisa Duggan, also opposed to Sullivan's conservatism, who described 'the new homonormativity' as,

A politics that does not contest dominant heteronormative assumptions and institutions, but upholds and sustains them, while promising the possibility of a demobilized gay constituency and a privatized, depoliticized gay culture anchored in domesticity and consumption. (Duggan 2003: 50).

Homonormativity has subsequently been deployed more broadly by a range of authors (Herman, 2003; O'Brien, 2008; Browne and Bakshi, 2013) to describe culturally acceptable forms of LGBN behaviour which map most closely with heterosexual norms. The concept of homonormativity is not without its critics (Oswin, 2008), particularly for obscuring the specificities and spatial contingencies of the (re)production of (homo)normative discourses and practices and because it 'leaves little space for seeing practices that operate outside of, or counter to its logics' (Brown, 2012: 1066). This can create a Catch-22 argument, in that it is impossible for LGBN

individuals who adopt lifestyles similar to heterosexual-identifying individuals to avoid being accused of homonormativity. Rosie Harding, for example, rejects the notion that inclusion in basic social norms is ‘inherently anti-progressive’ (Harding, 2011: 42-3).

I agree that integration does not necessarily mean the adoption of heteronorms, but instead a widening of those norms so that they become *both* ‘hetero’ and ‘non-hetero’ (apologies for the unavoidable mobilisation of binaries in making my point). But on the other hand, I do think there are issues relating to differences between ‘respectable’ lesbian and gay individuals (privatised sexual performance, gender conformity, nuclear coupledness, monogamy on a public level at least, domestication) and ‘unrespectable’ LGBN individuals (including those who perform sex in public, including cottaging, and in saunas and in bathhouses; gender non-conforming and/or gender queer; polyamorous, non-monogamous and sexuality fluid; undomesticated, maybe with a touch of outrageousness thrown in) and processes of queer ‘othering’ (Casey 2007). I am not persuaded that creating more space at the fire of social inclusion will somehow also create widening warmth for those with ‘unrespectable’ lives. Instead, my concern is that they (and their lived radical critiques of gender and sexuality binary norms) are pushed further onto the margins, further away from the fire of social inclusion. This is a particular concern, in the context of this thesis, in terms of whose lives, relationships issues and concerns are being represented in older LGBN activism, which I argue, is invested in promoting the interests of ‘respectable’ older lesbians and gay men and not those of their more ‘unrespectable’ peers.



#### 4. Research Context

This section provides an overview of: older LGBN research; statistical profiling of older LGBN individuals, their lives, issues and concerns; older LGBN individuals' concerns about health and social care provision; and diversity among older LGBN individuals.

##### 4.1. 'LGB ageing' research: Overview

There has been a dramatic growth of interest in lesbian, gay and bisexual (LGB) ageing in recent years (de Vries and Croghan, 2014). There is now a growing body of literature on 'LGB' or 'LGBT' ageing (Herdt and de Vries, 2004; Kimmel, Rose and David, 2006; Fredriksen-Goldsen and Muraco, 2010; Knauer, 2011; Ward, Rivers and Sutherland, 2012; Witten and Eyler, 2012; Sears, 2013; Kimmel, 2014). This has primarily emanated in the UK, from sociology and social work (Heaphy Yip and Thompson, 2004; Cronin, 2006; Heaphy and Yip, 2006; Fenge and Fanin, 2009; Browne and Lim, 2009; Almack, Seymour and Bellamy, 2010; Cronin and King, 2010 and 2013; Cronin et. al., 2012; Jones, 2013; King, 2013; Simpson, 2012, 2013a, 2013b & 2014; King and Cronin, 2013; Fenge, 2014).

In addition to this growing academic body of work, the voluntary sector has also produced a range of documents on the needs of, and issues affecting, older 'LGB' individuals (Hubbard and Rossington, 1995; Smith and Calvert, 2001; Knocker, 2006 & 2013; Guasp, 2011; Carr and Ross, 2013). The remainder of research has come from overseas, primarily the USA (Rosenfeld, 2003; Kimmel, Rose and David, 2006; Metlife, 2006 & 2010; De Vries and Blando, 2004; D'Augelli and Grossman, 2001; Berger, 1996; D'Augelli and Patterson, 1995; Averett, Yoon and Jenkins 2012; SAGE

2010; Fredriksen-Goldsen, et. al. 2013; Orel, 2014) but also Canada (Brotman et. al., 2003; Brotman et. al., 2007; Grigorovich 2013), Australia (Hughes, 2007 & 2009; Tolley and Ranzijn, 2006; Harrison, 2006; Robinson, 2008 & 2013), the Netherlands (Fokkema & Kuyper, 2009) and Ireland (GLEN, 2011).

The earliest waves of research sought ‘to challenge the image of the lonely and bitter old queer’ (Hughes, 2006: 57) and ‘suggested that older gay men and lesbians are not alone, isolated, or depressed but benefit from navigating a stigmatized identity through crisis competence’ (Fredriksen-Goldsen and Muraco, 2010: 402), which also informs resilience in dealing with inequalities associated with older age. Subsequent authors questioned the positive bias which may have been present in some of these initial studies (Berger, 1996). More recent research has focused on social support and community based needs (Ward, Pugh and Price, 2011).

By contrast with this growth of sociological research, other scholarship has lagged behind. In UK gerontology, for example, there continues to be a ‘queer absence’ (Cronin, 2006: 107) produced by a ‘rhetorical silencing’ of ageing LGBN sexualities (Brown, 2009: 65). There are similar gaps in socio-legal scholarship: ‘Elder Law’ (Doron, 2009; Doron and Soden, 2014) does not address diversity in general, nor sexuality specifically (Westwood, 2012); sexuality discrimination literature (Badgett & Frank, 2007) does not address (older) age; and age discrimination literature (Fredman & Spencer, 2003) does not address sexuality. Feminist critiques of family law (Diduck & O’Donovan, 2006) have focused on same-sex parenting and partnership recognition, but have not yet taken into account the later life family formations of LGBN individuals. So while there is a growing interest

in LGBN ageing, very little attention has so far been from an equalities perspective (Binnie and Kleese, 2013). This thesis addresses this gap in knowledge.

#### 4.2. Statistical profiles

In terms of the general profile of older LGBN individuals, according to the YouGov survey of over 1,000 'LGB' identifying people over 55, commissioned by Stonewall (Guasp, 2011), 'LGB' people aged over 55 are: more likely to be single (gay and bisexual men are almost three times more likely to be single than heterosexual men); more likely to live alone (41% of 'LGB' people compared to 28% of heterosexual people); less likely to have children (just over 25% of gay and bisexual men and 50% of lesbian and bisexual women have children compared to almost 90% of heterosexual men and women); less likely to see biological family members on a regular basis (less than 25% of 'LGB' people in the sample saw their biological family members at least once a week compared to more than 50% of heterosexual people). The finding echoes those from an earlier UK study reported by Heaphy, Yip and Thompson (2004) and also studies from the USA (SAGE 2010).

The problem with these statistics is that they are often mobilised to paint an overarching (homogenised) picture of older LGBN individuals which obscures the lives and experiences, for example, of those individuals who *are* in couples, *do* share homes, *do* have children, and *do* see family members on a regular basis. Significantly, these obscured narratives are more likely to be those of older LGBN women than LGBN men (Averett and Jenkins, 2012). Apart from the Stonewall study, most research on older LGBN individuals has tended to be small scale and short-term (Grossman 2008). It has also tended to privilege the experiences of older men over

older women, with women being under-represented (Averett, Yoon and Jenkins 2012), and bisexuality rarely addressed beyond the 'LGB' acronym (Jones 2011). It is this gap in knowledge which my thesis also addresses.

#### 4.3. Health and social care provision

There is an expanding body of literature about older LGBN individuals' fears and concerns in relation to older-age health, housing and social care provision which is perceived as ill-equipped to recognise and meet the needs of older LGBN individuals (Hubbard and Rossington, 1995; Harrison, 2001; Langley, 2001; Heaphy et. al., 2004; Knocker, 2006 & 2012; Harrison and Riggs, 2006; Tolley and Ranzijn, 2006; Brotman et. al., 2007; Hughes, 2007 & 2009; Price, 2008; Concannon, 2009; Stein, Beckerman, and Sherman, 2010; Fenge and Hicks, 2011; Guasp, 2011; Ward, Pugh and Price, 2011; Cartwright, Hughes & Lienert, 2012; Fish, 2012; NRC, 2012; Pugh, 2012; Walker et. al., 2013; Valenti and Katz, 2014). There is also a lack of choice in housing and/or care provision, with no specialist options currently available in the UK (Carr and Ross, 2013). These inequality issues (Ward, Pugh and Price, 2010; Cronin et. al., 2011) have not yet been explored from a socio-legal perspective. This thesis addresses this gap.

#### 4.4. Distinguishing between older 'LGB' lives: Cohort models

Several authors have mobilised the idea of cohorts in relation to older LGBN individuals to: distinguish between older and younger generations of lesbian/gay

individuals (Parks, 1999<sup>22</sup>; Robinson, 2008<sup>23</sup>; Vaccaro, 2009<sup>24</sup>); differentiate among older gay/ lesbian and gay individuals (De Vries, 2014; Dentato et. al., 2014<sup>25</sup>); or describe different socio-historical eras which have been occupied by older gay/ lesbian and gay individuals (Plummer, 2011<sup>26</sup>; Hammack and Cohler, 2011<sup>27</sup>). Plummer additionally refers to age standpoints:

Our social sexual worlds always lie at the intersections of our generations (along with other locations such as class, gender, nation, and ethnicity). All sexualities dangle from an age perspective. They are situated in age standpoints. At any moment of thinking about the sexual, we will usually find at least five generations helping shape that moment. And these are just the living generations—to this there will also be the legions of dead generations, whose ghosts may still be heard speaking past sexual stories. (Plummer, 2011:165)

Plummer's age standpoints involve a series of successive and/or overlapping age generations. However age standpoints can also be understood more broadly, in terms of personal chronological age, generation, socio-historical context, life stage, and, some authors have suggested, cohorts.

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<sup>22</sup> Parks defined cohorts by the era of lesbian history in which respondents achieved adulthood (age 18) - before Stonewall (1969); during Gay Liberation (1970-1984); 1985 and later in terms of 'Rights'(Parks 2013) in the context of 'coming out' and identity narratives (Parks 1999).

<sup>23</sup> 'Young', 'Middle' and 'Old' aged.

<sup>24</sup> Vaccaro compared three 'generations' (Vaccaro 2009: 113): Baby Boomers (born between 1943 and 1960); Generation X (born between 1961 and 1981); and Millennials (born after 1981).

<sup>25</sup> Pre- (born 1900–1920) and post- WWII 'Baby Boom' generation (born 1946–1964)

<sup>26</sup> 1) 'Criminal, sick, closeted worlds' (1900-1960'); 2) 'Coming out of closeted worlds' (emergent gay affirmative generations, 1950s -1970s); 3) 'Gay liberation worlds' (politicised) gay liberation generation late 1960s - 1970s); 4) 'HIV/AIDS worlds' (the death of young gay men from AIDs in the 1980s); 5) 'Queer two worlds' ('queer generation two' started to arrive in the late 1980s and aimed to deconstruct any stable sense of gender or sexual category', Plummer 2011: 175); 6. 'Cyber queer worlds and the postcloset world' (internet networking from the mid-/late 1990s onward... 'the new generation finds less and less difficulty in coming out or, indeed, even the need to come out' Plummer 2011: 175); 7) 'something new' that Plummer cannot yet identify. (Plummer 2011)

<sup>27</sup> Hammack and Cohler (2011) have proposed three cohorts to describe the 'narratives of desire and exclusion' (Hammack and Cohler 2011: 162) of 'five generations' (Hammack and Cohler 2011: 163) of gay men spanning a 60 year period, from a public policy perspective: (1) 'From Silence and Sickness to a Gay Identity: Coming of Age in the 1950s and 1960s'; (2) 'From 'Gay Is Good' to the 'Gay Plague': Coming of Age in the 1970s and 1980s'; and (3) "'Virtually Normal': Coming of Age in the 1990s.'

Dana Rosenfeld distinguished between two distinct lesbian and gay cohorts – pre-Stonewall stigmatised, ‘discredited’ and closeted identities and post-Stonewall ‘gay affirmative,’ accredited and more visible identities (Rosenfeld, 2003), emphasising the significance of stigma in lesbian and gay identity development. Ann Cronin proposed a third cohort, that of previously married women (and to a lesser extent men), often with children, who ‘come out’ in later life (Cronin, 2006). In doing so Cronin emphasised the significance of personal chronological age, gender and life stage in informing an individual’s experience of ‘coming out’ and/or forming same-gender relationships.

While Rosenfeld was interested in identity discourse, Cronin and colleagues argued for a destabilisation of discrete identity categories (Cronin et. al., 2011), focusing more on performative specificities, and the implications of differing cohorts implications for ‘social capital’ (material and social resources) in later life (Cronin and King, 2013). While Rosenfeld flags the very powerful shift from a discredited identity to the possibility of an accredited one, she mobilises a very distinct pre- and post-Stonewall binary around a single historical event, which does not take into account wider socio-legal contexts, the intersection of gender and sexuality, nor how sexuality discourse and performance is itself historical produced and continuously changing (Halperin, 2013). While Cronin and King offer an added layer to conceptualising LGBN ageing, their ‘binary plus one’ analysis (i.e. pre-post-Stonewall identities plus women with children who ‘came out’ in later life) still only encompasses a very limited range of experienced and narratives.

Cohort models hold the disadvantage of the risk of over-generalisation and failing to take individual variation into account, potentially smoothing over those narratives which do not neatly fit into a particular cohort. But they also offer the advantage of providing a descriptive framework upon which to hang clusters of commonalities in complex group processes. All of these cohort models bring something to an understanding of the role of time in the production of LGBN sexualities/ sexual identities: the differences between older and younger generations in the discursive and performative possibilities available to them; the significance of personal chronological age, life-stage, and socio-historical context, for those discursive and performative possibilities; the significance of the navigation of stigma and the alternatives created by newer, more affirmative identity discourse (and more recent queer discourse). Ken Plummer in particular mobilises the very useful concept of age standpoint, highlighting how each individual is personally located in their own particular temporal contexts. However none of the accounts provide an analysis which takes *all* of these factors *and* their intersections into account. Additionally, none of the above cohort models capture the full range of sexuality/sexual identity narratives and performances produced by older LGBN individuals, including: the narratives radical feminist lesbians (Jeffreys, 2003) enacting the ‘rage of oppression’ (Kitzinger, 1987: 115) who *elected* to take on a lesbian identity (in contrast with the dominant romantic-liberationist stories of emancipation which prevail in lesbian and gay history discourse - Plummer, 1995); the various forms and understandings of bisexuality (Halperin, 2009); sexual fluidity, which is particularly associated with women’s sexuality (Diamond, 2008); and those individuals who mobilise a non-labelling narrative about

sexuality<sup>28</sup>. In Chapter Three, I draw upon temporality to construct an identity/performance narrative cohort model which, I propose, does take all of the above into account.

## 5. Thesis Overview

So there are gaps in knowledge in LGBN ageing in terms of: analysing it from an equalities/socio-legal perspective; exploring diversity among and between older LGBN individuals, particularly gender diversity; taking an intersectional approach to LGBN ageing; locating and understanding LGBN ageing in temporal and spatial contexts. In approaching these gaps in knowledge my thesis addresses four questions: 1) How are the lives of older LGBN individuals framed in regulatory contexts? 2) How do these regulatory frameworks inform ageing LGBN subjectivities and kinship formations? 3) What are the main concerns of older LGBN individuals in relation to ageing? 4) How are the lives and concerns of older LGBN individuals represented by activists working on their behalves?

In addressing these questions, I analyse the regulatory contexts relevant to LGBN ageing (Chapter Two). In Chapter Three I address methodological issues and my use of qualitative data from interviews to explore these regulatory contexts at the level of lived experience. In Chapters Four to Seven I analyse data from the interviews to consider: LGBN ageing subjectivities (Chapter Four), kinship constructions (Chapter Five), anticipated care futures (Chapter Six), and activists' representations of

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<sup>28</sup> Celia Kitzinger's Factor (2) group of LGBN women who base their sexualities 'on the belief that 'Women respond to 'the person, not the gender' and 'it all depends who you fall in love with'' (Kitzinger, 1987: 102).



older LGBN individuals' lives, issues and concerns (Chapter Seven). In the final chapter I consider the social policy and future research implications (Chapter Eight).

A number of working assumptions emerged from my initial review of research. Firstly, that differing retrospective age standpoints inform recognition and resources in relation to the subjective present, kinship construction, and anticipated future care needs. Secondly, that past and present discursive and performative possibilities interact to inform ageing LGBN individuals' subjectivities and kinship formations in the present day. Thirdly, that older age has spatial implications for resources, recognition, power and resistance, both in terms of the navigation of normative space and which normative spaces are navigated. Fourthly, that those representations by activists of older LGBN individuals' issues and concerns are located in norms and normativities which produce particular sites of inclusion and exclusion. And lastly, but most importantly, that gender is a key differentiator in these age standpoints, discursive and performative possibilities, temporal and spatial dynamics, and issues of representation.

## **6. Concluding Remarks**

In this introductory chapter I have addressed key concepts and theoretical frameworks, summarised the research context, identified gaps in knowledge, and explained how my thesis addresses those gaps. I have outlined my thesis, in terms of identifying the main research questions, how my thesis addresses these questions, and describing the overall structure of my thesis. The next chapter, Chapter Two, addresses the first of my research questions, in relation to how the lives of older LGBN individuals are framed in regulatory contexts.

## CHAPTER TWO: REGULATORY CONTEXT

### 1. Introduction

In this chapter I address the first of my research questions - *How are the lives of older LGBN individuals framed in regulatory contexts?* – by examining the regulatory contexts through and against which older LGBN individuals experience and construct their lives. The purpose is threefold: to provide context for an analysis, in subsequent chapters, of data produced from my empirical research; to identify gaps in law and social policy; and to consider the implications of those gaps for older LGBN individuals. The chapter offers an analysis of law and social policy affecting older people, approached through the lens of gender and sexual identity, and of law and social policy affecting LGBN individuals, approached through the lens of older age. I show how older age can both iterate previous gender and sexuality inequalities and produce new ones.

My analysis of regulatory contexts offers new insights in three main ways. Firstly, in an analysis of material and financial regulations affecting older people, I have found that there is now a four tier system of relationship recognition in UK law, which disadvantages relationships most likely to comprise older LGBN individuals' personal communities in later life. Secondly, through an analysis of health and social care law, I demonstrate how the ageing legal subject is constructed in ways which serve to privilege ageing heterosexual-identifying individuals and marginalise ageing LGBN individuals. Thirdly, I show how the Equality Act (EQA) 2010 disadvantages older LGBN individuals in two main ways: in the construction of sexuality as a single strand 'orientation'; and in the exemptions from protection from harassment outside

of the workplace, which disproportionately affect older (non-working) individuals, especially those living in closed care settings.

In presenting my arguments specifically in this chapter, I draw upon the concepts of ‘nodes’ and ‘flows’ to show how regulatory nodes shape uneven flows of recognition and resources to older/LGBN individuals. I briefly outline the conceptual tools of ‘nodes’ and ‘flows’ in Section Two. I then address: relationship recognition in those areas of law which are of particular relevance to older people (Section Three); the construction of the ageing legal subject in health and social care law (Section Four); and uneven access to protections for older LGBN individuals under the EQA (Section Five).

## **2. Nodes and Flows**

Regulation as an object of inquiry can be usefully analysed using the concepts of ‘nodes’ and ‘flows’ as a way of articulating forces that produce differing access to state-organised recognition and resources. ‘Nodes’ and ‘flows’ have so far been utilised in three main areas: social network analyses (Scott, 1992; Borgatti, 2009; Prell, 2011), including actor-network theory (Law, 1994; Mol and Law, 2004; Latour, 2007) and ‘meshworks’ (Escobar, 2001); global cultural flows (Appadurai, 2003; Braziel and Mannur, 2003); and nodal governance (Shearing and Wood, 2003). Social network analyses are predicated upon the notion that ‘individuals are embedded in thick webs of social relations and interactions’ (Borgatti, 2009: 892) and seek to understand different elements and aspects of them. Analyses have shifted, across 80 years of study, from mathematical and geometric mapping of nodes (individuals and/or groups) and flows (the connections between them) to analyses of nodes as structural

positions (rather than people or groups). They have been applied in a wide range of contexts, including management consultancy, public health and criminology. Social network analyses have moved, in recent years, beyond the structural and more towards the discursive production of social identities:

Networks can be seen as apparatuses for the production of discourses and practices that connect nodes in discontinuous space; networks are not necessarily hierarchical but can in some cases be described as self-organizing, non-linear and non-hierarchical meshworks... they create flows that link sites which, operating more like fractal structures than fixed architectures, enable diverse couplings (structural, strategic, conjunctural) with other sites and networks. (Escobar, 2001:174)

Governance discourse seeks to analyse the mechanisms (the institutions, norms and practices) through which social systems are produced in more complex ways than simply through formal constitutions and laws (Cooper, 2002). In this context, the concept of nodes – nodal governance - is understood as points on networks constituted by ‘institutions with a set of technologies, mentalities and resources that mobilize the knowledge and capacity of members to manage the course of events’ (Burris, Drahos and Shearing, 2005: 35). Nodal governance focuses on both state and non-state authorities and interventions in such areas as security and policing (Dupont and Wood, 2007), restorative justice (Wood, Shearing and Froestad, 2011), and human rights discourse (Sokhi-Bulley, 2011).

The third way in which nodes and flows have been mobilised is in relation to notions of global cultural flows (Castells, 2000) which have broadened from an analysis of the movement of peoples and cultures in a global context to the movements of ‘things’, including ideas. These have been broadly classified by Appadurai (2003) under five main headings: ‘ethnoscapes’ (people who move between nations); ‘technoscapes’ (technology, linked to large multinational

corporations); ‘financescapes’ (global economy); ‘mediascapes’ (electronic and new media) and ‘ideoscapes’ (official state ideologies and counter-ideologies) (Appadurai, 2003). Various other ‘scapes’ have been proposed as add-ons to those proposed by Appadurai. Of particular interest here are ‘carescapes’ (Milligan and Wiles, 2011) or ‘landscapes of care’ (Milligan, 2012), which describe both flows of care, and the terrain of care itself, which are directed/shaped in particular ways by nodes constituted by moments/points of governance, determining the (shifting) borders of care (McEwan and Goodman, 2010).

In this chapter I mobilise nodes and flows to identify nodal points in regulatory contexts relating to older people in order to show how they shape flows of recognition and/or resources towards particular relationship forms and particular ageing legal subjects. In Section Three I show how regulatory nodes and flows shape a four-tier privileging of relationships in the UK. In Section Four I show a) how regulatory nodes shape flows of recognition and resources to certain types of (heterosexual) older age care networks and not (LGBN) others; and b) how regulatory nodes are based on constructions of particular types of ageing legal subjects, which in turn shape flows of resources, in the form of formal care, away from older LGBN individuals. In Section Five I propose that the Equality Act 2010 is positioned upon nodes which shape uneven flows of protections towards older LGBN individuals, disadvantaging them in comparison with both older heterosexual-identifying individuals and young LGBN individuals.

### 3. Four-Tier Privileging of (Ageing) Relationship Forms

My analysis of law and social policy affecting older LGBN individuals has led to me identify that there is now a four-tier relationship recognition system in the UK, reflected in different flows of finances, health and social care and housing, routed via nodes of relationship status. A key aspect of this is the privileging of the sexual couple and the comparative lack of access to recognition and resources by Supportive and Loving Intimate Friendships ('SLIFs')<sup>29</sup>. The four-tiers of privilege which I have identified are as follows:

1. *The fully legally recognised couple.* Positioned at the first, most privileged, tier is the legally recognised civil partnership<sup>30</sup> or married<sup>31</sup> couple, which now sits alongside the previous heterosexual spousal default mechanisms in tax, welfare benefits and pensions, inheritance law, housing policy and provision, and in health care decision making;
2. *The partially legally recognised couple* At the second, less privileged, tier is the partially legally recognised non-registered same-sex couple which has a degree of recognition, albeit less than the married/civil partnership couple, in various contexts which incur both privilege (e.g. some aspects of health care decision-making for cohabiting couples) and disadvantage (e.g. welfare benefits assessment for cohabiting couples);

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<sup>29</sup> SLIFs are outlined in Chapter One.

<sup>30</sup> Civil Partnership Act 2004, applied throughout the UK, granted same sex couples the same rights and responsibilities as married heterosexual couples.

<sup>31</sup> According to the Marriage (Same Sex Couples) Act 2013, in England and Wales, and the Marriage and Civil Partnership (Scotland) Act 2014, same gender couples may now marry. In Scotland civil partners who now wish to marry may do so. There is currently a government consultation process regarding the futures of civil partnerships in England and Wales, with three options on the table; i) abolish civil partnerships and convert

3. *Potentially legally recognisable SLIFs*. At the third, even less privileged, tier, are non-conjugal, non-biological/filial, intimate relationships, i.e. SLIF's, for which there is no formal legal provision and which are not automatically recognised in legal defaults, but for which partial recognition can be created through mobilising law (e.g. via nominations in private pensions, in Wills, Lasting Powers of Attorney, etc.); and
4. *SLIFS which cannot be recognised in law*. At the fourth, least privileged, tier, are non-conjugal, non-biological/filial, intimate relationships, i.e. SLIF's, for which there is neither formal legal provision nor any means for remedying this through mobilising law (e.g. non-recognition under mental health legislation 'Nearest Relative' rules, no recognition of non-conjugal, non-biological relationships of care and support under intestacy rules, no tenancy rights upon death, etc.).

Running in parallel to this are the biological/filial family defaults in many areas of law, just behind the married/civil partnership couple, sometimes ahead of the conjugal couple, sometimes behind, according to different areas of law, but always ahead of SLIF's. I shall now explore this further by considering each relationship tier in greater detail.

### 3.1. The fully legally recognised couple

At the top tier of legal privilege is the legally recognised sexual couple, with spousal/civil partner default mechanisms in tax, welfare benefits, pensions, and

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existing ones into marriages; ii) stop any further civil partnerships being formed, but retain existing ones; and iii) keep civil partnerships and open them to opposite-gender couples.

inheritance law. Married couples and civil partners are entitled to: a state pension on the basis of a partner's National Insurance Contributions; automatic access to a partner's occupational pension when they die<sup>32</sup>; the Married Couple's Allowance and tax benefits (enabling the transfer of savings to a partner who pays no tax or tax at a lower rate)<sup>3334</sup>.

Civil partners and spouses, enjoy exemption from Inheritance Tax liability, and are recognised under Intestacy Rules and Housing Tenancy succession rules. Under the Inheritance Tax Act 1984, which applies across the UK, a surviving spouse is exempt from Inheritance Tax<sup>35</sup>. Following the Civil Partnership Act 2004 (CPA) this benefit was also extended to civil partners<sup>36</sup>. In cases of intestacy, the spouse/civil partner is allowed to apply to become an executor of the deceased partner's estate and to inherit under intestacy rules<sup>37</sup>. Spouses and civil partners are also entitled to make a claim under inheritance legislation<sup>38</sup>. Under the changes made by the Inheritance and Trustees' Powers Act 2014, due to come into effect on 1 October 2014, in the case of married and civil partnered couples, the whole estate passes on intestacy to the surviving spouse or civil partner, where there are no children or descendants. In terms

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<sup>32</sup> It is possible for anyone to be named as a beneficiary of a private pension upon death, but not for a state pension.

<sup>33</sup> Sections 35, 36 and 37 of the Income Tax Act 2007 (ITA) provide a non-transferable personal allowance. Sections 45 and 46 ITA provide for married couple's allowance to married couples or civil partners where one or both spouses or civil partners were born before 6 April 1935. Sections 47 to 52 ITA provide for the transfer of married couple's allowance between spouses or civil partners including the transfer of unused relief.

<sup>34</sup> There is one financial advantage to not being married or in a civil partnership for older LGBN women previously married and widowed: they retain their widow's pension, if they are in receipt of one, which they would lose upon marrying or entering a civil partnership.

<sup>35</sup> Section 18(1) Inheritance Tax Act 1984; Tax and Civil Partnership Regulations 2005.

<sup>36</sup> Tax and Civil Partnership Regulations 2005.

<sup>37</sup> Administration of Estates Act 1925, England and Wales; Succession (Scotland) Act 1964, as amended by the Law Reform (Miscellaneous Provisions) (Scotland) Act 1968 and the Succession (Scotland) Act 1973; Administration of Estates Act (Northern Ireland) 1955.



of tenancy rules<sup>39</sup> spouses and civil partners are entitled to take over a deceased spouse's/ civil partner's council tenancy and housing association tenancy, but not private assured shorthold tenancies (unless their name is also in the tenancy agreement). They may be entitled to succeed under assured and regulated private tenancies.

The legally recognised couple is also prioritised in medical decision making, mental health and mental capacity legislation. In terms of medical information-sharing and decision-making, 'next of kin' remains a powerful 'right of entry' to visitation, information and decision-making participation regarding someone in hospital, care or nursing homes, which is of particular relevance to older LGBN individuals. Although there is an absence of legal clarity about who is next of kin, anyone, including a friend, can be nominated as such. However, in practice, particularly in consultation over treatment issues, it is the spouse or civil partner or blood/filial relation who usually take priority (Royal College of Nursing, 2003).

Older people can be detained under mental health legislation, especially those with dementia (McPherson and Jones, 2003). Under mental health legislation, the 'Nearest Relative' has a range of rights and responsibilities in relation to someone with mental health difficulties. Under Section 26 Mental Health Act 1983 (MHA): to apply for admission to psychiatric hospital; to be informed of an admission to psychiatric hospital; to be consulted by the Approved Social Worker (ASW) before admission under Section 3 or guardianship; to require Social Services to direct an

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<sup>38</sup> Inheritance (Provision for Family and Dependents Act) 1975 (England, Wales and Northern Ireland) (as amended by the Law Reform (Succession) Act 1995) and Family Law (Scotland) Act 2006.

<sup>39</sup> Housing Act 1988 – England and Wales; Housing (Scotland) Act 2001; Housing (NI) Order 1983.

ASW to apply for admission; to discuss decisions not to admit; to discharge; to apply to the Mental Health Review Tribunal.

In this area there is again the four-tier relationship recognition construct, with the legally recognised conjugal couple, and then the biological/filial relationships, being privileged in England and Wales, where there is a strict hierarchy of ‘Nearest Relative’ recognition. Under s 26(6) MHA this hierarchy is: (1) Husband, wife or civil partner; (2) Son or daughter (adult); (3) Father or mother; (4) Brother or sister (over 18); (5) Grandparent; (6) Grandchild (over 18); (7) Uncle or aunt (over 18); (8) Niece or nephew (over 18). Partners are also included (including same sex partners) where a couple have been living together as husband and wife or as if they were civil partners for six months or more, unless one of them is married and not permanently separated.

We can think of a node as each relationship recognised in law, and each node as directing flows of rights, responsibilities and resources. In terms of later life finances, inheritance law, and mental health legislation, the primary nodes, i.e. those most commonly present and consistently prioritised via a range of defaults, are those of the legally recognised married or civil partnered couple. These nodes shape flows of recognition, rights and resources first and foremost to married couples and civil partners, and to a lesser extent in a range of defaults to biological family members. These flows are not equally well directed to other relationship forms.

### 3.2. The partially legally recognised couple

Cohabiting partners do not enjoy the same privileges as married couples or civil partners. They are not entitled to a state pension on the basis of a partner’s National Insurance Contributions; they do not have automatic access to a partner’s

occupational pension when they die (although they can be named as beneficiaries in private pension schemes under which anyone can be nominated as a beneficiary); and they do not benefit from Married Couple's Allowance and tax benefits. Unlike married couples and civil partners, cohabiting partners do not enjoy exemption from Inheritance Tax liability<sup>40</sup>, meaning that they are at greater risk of financial penalties and housing insecurity when a partner dies. Under the current rules, without a valid will, unmarried couples living together have no automatic inheritance right to a partner's estate. The Law Commission of England and Wales proposed a revision to this state of affairs (Law Commission, 2011) and the Inheritance (Cohabitants) Bill was proposed which would have given cohabiting couples certain automatic inheritance rights, particularly those with children<sup>41</sup>. The proposed Bill was rejected by the government in 2014 meaning that there are still no automatic legal inheritance rights for cohabiting partners (Stowe, 2014).

Cohabiting partners have limited protections under the Inheritance (Provision for Family and Dependants) Act (IPFDA) 1975<sup>42</sup>. According to the IPFDA, those who are entitled to make an application for financial provision from a deceased person's estate are: spouse or civil partner; former spouse or civil partner who has not remarried or formed a new civil partnership; a child of the deceased or someone treated as a child of the deceased; any person maintained by the deceased immediately prior to death; a person who had cohabited (as a couple) with the deceased for the two years immediately prior to their death.

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<sup>40</sup> Section 18(1) Inheritance Tax Act 1984; Tax and Civil Partnership Regulations 2005.

<sup>41</sup> Unmarried partners who have lived together for five years, or two years if they had children, would have had the right to inherit upon one partner's death.

<sup>42</sup> Inheritance (Provision for Family and Dependants Act 1975 (England, Wales and Northern Ireland).

Currently, any claims for dependency have to show that, on balance, the deceased made a greater contribution to the shared finances than the surviving person. However, under the changes made to the IPFDA by the Inheritance and Trustees' Powers Act 2014, due to come into effect on 1 October 2014, a person may now be eligible to make a claim if the deceased made a substantial contribution to that person's needs<sup>43</sup> and no longer has to show that the deceased contributed more to the relationship than the claimant did. The requirement to show that the deceased had assumed formal responsibility for the applicant has also been removed<sup>44</sup>. However cohabiting partners' claims will have to be balanced against the claims of others, including those who have inherited the estate. In this way there is a very clear financial incentivisation for cohabiting couples, particular those for whom death is more salient (i.e. older couples), to get married or form civil partnerships.

In terms of tenancy rules<sup>45</sup> cohabiting partners can take over a deceased partner's council tenancy and housing association tenancy, but not private assured shorthold tenancies (again, unless their name is also in the contract). Cohabiting same gender partners not married or in civil partnerships and on means-tested benefits are also less well-off following the Civil Partnership Act (CPA) 2004. Prior to the CPA, cohabiting same gender partners on welfare benefits, unlike cohabiting opposite gender partners, were assessed as single people. Since the CPA, cohabiting same-gender partners, whether in a civil partnership or not, are assessed as couples,

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<sup>43</sup> Section 1(3), IPFDA 1975 as amended by paragraph 3, Schedule 2, ITPA 2014.

<sup>44</sup> Section 3 IPFDA 1975 as amended by paragraph 5 of Schedule 2 to the ITPA 2014.

<sup>45</sup> Housing Act 1988 – England and Wales; Housing (Scotland) Act 2001; Housing (NI) Order 1983.

resulting in reduced income (payments for a couple being less than payments for two single people)<sup>46</sup>.

These issues implicate class, gender and race/ethnicity. Just as the CPA itself has economically privileged winners (i.e. those in employment) and economically disadvantaged losers (i.e. those dependent upon state benefits) (Stychin, 2006), this too applies to older age, for both heterosexual and same sex couples. The more affluent couples who have private pensions – whose beneficiaries are not contingent on partnership status – are the winners, and the less affluent couples who are reliant on state pensions – whose beneficiaries *are* contingent on partnership status – being the losers (Boyd and Young, 2003). It also intersects with gender, privileging middle class men on relatively higher pensions, for example, over working class women more likely to be reliant on state benefits (Jackson, 2011). It further intersects with race and ethnicity: older people from Black, Asian and minority ethnic (BAME) backgrounds, especially older women, being amongst the most socio-economically disadvantaged in the UK (Evandrou, 2000) and so more likely to be reliant upon state pensions.

In terms of mental health legislation, under the Mental Health Act 1983, as outlined in the preceding section, partners who have lived together for more than six months can be recognised as the ‘Nearest Relative’<sup>47</sup> in England and Wales<sup>48</sup>. Partners who do not cohabit, or who have cohabited for less than six months, are not entitled to

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<sup>46</sup> Under Section 136 Social Security Contributions and Benefits Act 1992, the income and capital of a member of the claimant's family is treated as that of the claimant for the purposes of a claim for benefit. Section 137 defines 'family' as a married or unmarried couple and their dependent children. The definition of 'couple' in s137 was amended to include civil partners and those living together as if they were civil partners.

<sup>47</sup> Section 26(6) Mental Health Act 1983.

<sup>48</sup> The Mental Health Act 2007 gave greater rights to cohabiting partners (same gender and opposite gender) as well the option of applying to the court to have a ‘Nearest Relative’ replaced if he/she is not a ‘suitable person’ (Mental Health Act 2007 s23 and s24 amending Mental Health Act 2003 s29).

be recognised. In Scotland however, under the Mental Health (Care and Treatment) (Scotland) Act 2003, a person over 16 can nominate a 'named person' to support her/him and to protect her/his interests in any proceedings under the Act, which means a non-cohabiting partner or a partner with whom the person has cohabited for less than six months could be nominated.

In this way, in terms of finances, inheritance law, and mental health legislation, there are fewer nodes positioning cohabiting partners in the direction of flows of recognition, rights and resources compared with married couples and civil partners, and biological family members. There are also different nodal systems in England and Wales compared with Scotland in terms of the 'Nearest Relative', with relatively static non-elective nodes of recognition in England and Wales, and more flexible, elective nodes in Scotland.

### 3.3. Potentially legally recognisable SLIFs

Surviving SLIFs have even fewer automatic rights than married, civil partnered and cohabiting couples. As well as having no pension rights (unless named as beneficiaries in private pension schemes), no tax benefits and no Inheritance Tax privileges, they also have no tenancy claims. Under tenancy rules, in England and Wales<sup>49</sup>, apart from spouse and civil partner, the only other people who have tenancy succession rights to council and housing association tenancies are other 'family members' (providing a spouse or civil partner is not living in the property, and the family member had been living there for over a year). 'Family members' comprise cohabiting partners, children, parents, siblings and most other 'close relatives,' but not friends.

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<sup>49</sup> Housing Act 1988 – England and Wales; Housing (Scotland) Act 2001; Housing (NI) Order 1983.

In terms of inheritance, friends also have few rights. They have no claim under the IPFDA and Family Law (Scotland) Act 2006, unless they can show that they had been financially reliant upon the deceased immediately prior to their death. Notably in England, Wales and Northern Ireland, friends who may have provided financial and/or other support to the deceased person have no automatic rights to a claim at all (Anderson, 2011), although they might be awarded a discretionary grant from the Crown, if they chose to apply for one<sup>50</sup>.

While friendships are excluded through inheritance defaults, wills can override that exclusion. The option of opting out from heteronormative and/or couple-based defaults through will-writing is often used to argue against the significance of potentially discriminatory succession rules (Monk, 2011). However disputed wills and discretionary awards under intestacy rules remain problematic. This is partly because the court is required to be able to have the mindset of the deceased and in the case of LGBN individuals may not be able to do so (Anderson 2011). While Humphreys et. al. (2010) recently surveyed attitudes in the UK to inheritance by spouse/civil partner/children/extended family under intestacy rules, their study did not ask research participants their sexual identity/sexuality, and there is little data on LGBN attitudes towards inheritance. With a lack of information a predominantly heterosexual and heterosexist judiciary (Hunter et. al., 2010) would find it difficult to make well-informed judgments. It is most likely courts would instead default to a heteronormative family paradigm (Foster, 2001) which would not necessarily reflect the perspectives of LGBN individuals (Gallanis, 1999).

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<sup>50</sup> The Treasury Solicitor 2008.

In terms of the Mental Health Act, it is very difficult, in England and Wales, for a friend be recognised as the ‘Nearest Relative.’ Under s 26(7) MHA, an individual, other than a relative, who has been living with the person for a period of no less than five years, will be treated as if they were a relative, after all the other list of biological family members has been considered. In Scotland however, under the Mental Health (Care and Treatment) (Scotland) Act 2003, as noted above, a person over 16 can nominate a ‘Named Person’ to support him/her and to protect his/her interests in any proceedings under the Act. This can be a friend if they wish. If no-one is chosen, then the ‘primary carer’ will be the ‘Named Person’: ‘This is the person who provides all or most of the care and support for the service user, without receiving any payment’<sup>51</sup>. This might be a friend. Only if there is no nominated person or primary carer would the person’s nearest biological relation become the named ‘Nearest relative.’<sup>52</sup>

Friends can also be nominated to assume rights and responsibilities, in the case of mental incapacity<sup>53</sup>. Through Lasting Powers of Attorney (LPAs) (Property and Financial Affairs/ Personal Welfare) in England and Wales, and a Power of Attorney in Scotland, a person can nominate individuals including friends, to make decisions about their property and finances and/or about their care should they lose the capacity to do so for themselves. Prior to these Acts no-one had the right to consent to treatment on behalf of someone else, but now, under a Personal Welfare LPA, attorney(s) can do so. The Acts also make provision for advance decision making<sup>54</sup>. In

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<sup>51</sup> Scottish Government 2008: 3.

<sup>52</sup> Scottish Government 2005.

<sup>53</sup> Mental Capacity Act 2005 (England and Wales) and the Adults with Incapacity (Scotland) Act 2000.

<sup>54</sup> Advance Decisions in England and Wales (Mental Capacity Act 2005, ss 24–26) and Advance Directives in Scotland (Adults with Incapacity (Scotland) Act 2000 s 47(2)) enable a person to make decisions with regard to medical treatment at end of life.



England and Wales, an advance decision is legally binding (unless overridden on Best Interests grounds under MCA) and must be respected by medical teams (although it can also be overridden under the Mental Health Act 1983). In Scotland advance directives are not legally binding, however they must be taken into account by medical teams and others making decisions on a person's behalf.

Lasting Powers of Attorney, Powers of Attorney, Advance Decisions and Advance Directives, and Wills all take on particular significance for individuals who do not want their conjugal/biological/filial default relationships to become privileged in decision making should they lose mental capacity. This is of course of particular significance to older individuals. However, this is likely to be unevenly distributed by class: better-educated and more affluent individuals are more likely to be aware of and able to afford to deploy these options than those who are less well-educated and/or socio-economically disadvantaged.

In nodal terms, then, there are fewer default nodes for friendship shaping flows of recognition, rights and resources in later life. However, there are elective nodes (in relation to Lasting Powers of Attorney, Powers of Attorney, Advance Decisions and Advance Directives, and Wills) which enable an individual to nominate a person to a node of recognition, rights and/or resources. By mobilising law, an individual may create their own nodes, and nominate relationships of their choosing to those nodes under certain circumstances. There are also different nodal systems in England and Wales compared with Scotland in terms of the 'Nearest Relative', with relatively static non-elective nodes of recognition in England and Wales, and more flexible, elective nodes in Scotland.

Although SLIFs have very few default recognitions, in the areas of law outlined above, there are certain legal mechanisms which can be mobilised to opt them in to legal rights and recognitions. There are some areas of law where such an opt-in is not possible, which is addressed in the next section.

### 3.4. Legally unrecognisable SLIFs

In certain areas of law, SLIFs are excluded and there is no way they can be opted in. This includes couple's tax benefits, Inheritance Tax privileges, and tenancy claims, as outlined in the previous section. In England and Wales, a friend cannot be appointed as 'Nearest Relative' unless that person has been living with the person concerned for at least five years<sup>55</sup>. The privileging of biological family and/or the conjugal couple and the lack of facility to remove the 'Nearest Relative' in England and Wales has been challenged in the courts. In *R (M) v Secretary of State for Health*<sup>56</sup>, a psychiatric patient, sexually abused by her biological father in childhood, was unable to have him removed as her 'Nearest Relative', despite him being able to read her medical records in his capacity as 'Nearest Relative', and her psychiatrist attesting that this had a detrimental effect on her mental state. She successfully obtained a declaration by the court that the Mental Health Act 1983 s 26 and s 29 (relating to replacing the 'Nearest Relative') were incompatible with the Human Rights Act 1998<sup>57</sup>. This case was preceded by *JT v United Kingdom*<sup>58</sup> and *FC v UK*<sup>59</sup> both cases also relating to alleged abuse by 'Nearest Relatives.' In *JT* the government had written to the European Court of Human Rights (ECtHR) stating it would amend existing legislation (reflecting an

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<sup>55</sup> Section 26(7) MHA.

<sup>56</sup> *R (M) v Secretary of State for Health* [2003] EWHC 1094 (Admin).

<sup>57</sup> Human Rights Act 1998 Sch. 1 Part I Art. 8 (respect for private and family life).

out of court settlement), but had not yet done so. The government had initially proposed introducing new mental health legislation which would give patients (with capacity) the right to nominate their 'Nearest Relative,' but subsequently retreated from this promise (Hewitt, 2007). The government has left it open to the courts to interpret the meaning of 'suitable.' Lord Hunt offered some clarification in parliament during the consultation stage:

We have in mind situations where a nearest relative's occupation of that role and its powers under the Act pose a real and present danger to the health or well-being of the patient. Where a nearest relative has abused the patient, for instance, he should not be allowed to exercise the rights of the nearest relative.<sup>60</sup>

The Joint Committee on Human Rights (JCHR) considered the definition of suitability overly restrictive:

It is too narrow to enable a patient to displace a nearest relative with whom they emphatically do not get along, unless there is some undercurrent of abuse. (JCHR, 2007: 16)

The definition certainly leaves a person no space to elect to have a supportive friend, rather than a biological family member, as his/her 'Nearest Relative.' The 'Nearest Relative' can delegate his/her rights to someone else (who need not be a relative) by providing notice in writing<sup>61</sup>. But it is not inevitable that a family member would be willing to do so, particularly if there are fractured relationships in the first place (Monk, 2011).

This holds particular significance for older LGBN individuals. Many of the oldest LGBN individuals will have spent a significant part of their adult lives living in

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<sup>58</sup> JT v United Kingdom (application 26,494/95), 30 March 2000.

<sup>59</sup> FC v UK 37,344/97.

<sup>60</sup> HL Deb 17 January 2007: Column 672.

<sup>61</sup> Section 32(2) MHA 1983 and Regulation 24 of the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 2008.

a mental health regulatory context which historically treated homosexuality as a form of mental illness (Goldberg, 2001), possibly forcibly detained at the behest of family members, and for whom psychiatric assessment, treatment and containment (especially against their wishes) are sites of particular vulnerability. They may be uniquely sensitive to the inability to nominate as ‘Nearest Relative’ a friend who may be far more validating and respectful of their sexual identity and personal and social circumstances than a biological family member might be (Rapaport 2004; Rapaport and Manthorpe, 2008).

A further gap in the recognition of friendships is with regard to care home fees. If a person is unable to pay for their care home fees, and has moved permanently into a care home (i.e. for more than 12 weeks), then their home may be taken into consideration in the local authority’s assessment of their assets<sup>62</sup>. It may have to be sold, or a charge placed on it so that, when it is eventually sold, the local authority can claim back the care home fees that it has paid on the person’s behalf. Even with a new cap on total care fees, under the Care Act 2014, many people will still need to sell their homes to pay for care (Long, 2014). Under current rules a person’s home is exempt from being taken into account when occupied by a spouse, civil partner or cohabiting partner, a ‘close relative’ under the age of 16, or over the age of 60; a relative under the age of 60 who is disabled; a former partner who is divorced or estranged but who is a lone parent.

The close relative is defined as: parent; parent-in-law; son; son-in-law; daughter; daughter-in-law; step-parent; step-son; step-daughter; brother; sister and

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<sup>62</sup> Department of Health 2011.

the spouse, civil partner or unmarried partner of any of these; grandparent; grandchild; uncle; aunt; nephew or niece. The local authority also has the discretionary powers to ignore the value of the house if it is the permanent home of a carer or close friend, however this is determined on a case by case basis. The four-tier relationship privileging is in play again, with the sexual partner and biological/filial relationships recognised and afforded financial protection and housing security, and no statutory protection for SLIFs, including those who have been primary carers. This means that SLIFs are in a relatively vulnerable housing situation in comparison with other relationship forms when providing care to someone in a home over which they have no legal claim.

SLIFs are also excluded in other areas of law not specifically relevant to older age, but which might affect an older person. For example, under the Fatal Accidents Act 1976, 'friends' have no rights to make a claim for bereavement or loss of dependency in the case of wrongful death. Under EU law, notions of family are understood to be based around conjugal, filial and, to a lesser extent, biological ties, to the exclusion of other relationship forms, including friendships (Guth, 2011).

In these legal areas, SLIFs are not only disadvantaged by not being named as nodes in a range of flows of recognition, rights and resources; they are further disadvantaged by being excluded from being nominated in elective nodes as well.

### 3.5. Discussion

Using the model of nodes and flows, then, nodes are formed in law by what relationships, and how, are legitimised either by default or by mobilisation of elective laws. Each relationship which is identified in law (e.g. spouse, civil partner, biological

relative, cohabitant) constitutes a node which in turn informs flows of legal recognitions and associated rights, responsibilities and resources. The greater a relationship is recognised and prioritised, the greater the flows of rights, responsibilities and resources. The less a relationship is recognised and prioritised, then the fewer the flows of rights, responsibilities and resources. In terms of the four-tier privileging of relationships, the legally recognised conjugal couple is the most prioritised, and thus afforded the greatest flows of rights, responsibilities and resources. The least well recognised are SLIFs, afforded the least flows of rights, responsibilities and resources. In some areas of law, SLIFs are functionally excluded by lists of relationships entitled to recognition which specifically exclude friendship.

These differing tiers of legal relationship recognition are significant for older LGBN individuals in a number of ways. Firstly, achieving legal recognition for a partnership is incentivised in law and social policy which has particular significance in older age (e.g. mental capacity, death-related financial matters, etc.). In this way the normativity of the sexual couple and the heterosexual family form are reinforced through both legal recognition and financial reward (Auchmuty, 2009), particularly for an older person (for whom issues of inheritance, for example, are more salient).

The differing tiers of legal relationship recognition are also significant for the relationship networks of older LGBN individuals, because they are more likely to consist of, or disproportionately contain, SLIFs (Heaphy et. al., 2004). Given that SLIFs are under-recognised in law and social policy affecting older age issues (finances, health and social care provision, housing, etc.) this means that older LGBN individuals' personal communities (Pahl and Spencer, 2004) are disproportionately

disadvantaged by the marginalisation of SLIFs in law. It particularly marginalises those older individuals who are polyamorous and/or with personal communities not predicated on nuclear family forms.

A further area in which the differing tiers of legal relationship recognition are significant for older LGBN individuals, is in relation to care. Care, both informal and formal, in the form of practical, personal and emotional support, becomes increasingly significant in later life. In the areas outlined above, relationships of love, care and support and the tangible provision of care in later life are given scant recognition and no priority, reinforcing the continuing under-valuing of care (Barnes, 2012) and the affective domain of equality (Lynch et. al., 2009). This will be explored further in the next section.

#### **4. The Ageing Legal Subject in Health and Social Care Law**

As outlined in Chapter One, the legal subject of law has been the focus of much socio-legal analysis. An area which has been less well examined is the *older* legal subject in law, which this section considers, firstly in relation to health care law and policy and then in relation to social care policy. My argument here is that the ageing legal subject in law is heterosexual, located in a nuclear family context, with extended biological family support and local community support networks. This particular construction of the ageing legal subject, I propose, creates nodes which not only direct flows of recognition and resources towards such an individual but also directs flows *away* from older LGBN individuals. This is particularly the case for those who are not located in a nuclear family context, who do not have robust extended family networks and/or who do not have significant local community support networks.

#### 4.1. Health care policy

Although health care policy has begun to acknowledge the particular needs and issues affecting LGBN individuals in general, and older LGBN individuals in particular<sup>63</sup>, this has not yet translated into the realities of health care provision (Fenge and Hicks, 2011). The Audit Commission's 2002 review of mental health services for older people made no reference to sexuality at all (Audit Commission, 2002). The more recent government document *No Health without Mental Health*<sup>64</sup> specifically refers to improving outcomes for 'lesbian, gay and bisexual' people with mental health problems, acknowledging that they 'have a higher risk of mental health problems and of self-harm' and 'also suffer more attacks and violence'<sup>65</sup>. However, no reference is made to the particular mental health needs of *older* 'lesbian, gay and bisexual' people, and there are at present no specialised strategies to address their particular mental health needs.

There are also no health policies or campaigns targeting the specific health needs of older LGBN individuals, e.g. older lesbians' avoidance of heteronormativity-based cervical and breast cancer screening, hence delayed diagnosis and poorer outcomes (Hunt and Fish, 2008); the growing number of older men living with HIV/AIDS (Rosenfeld, Bartlam and Smith, 2012; Emlet, Fredriksen-Goldsen and

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<sup>63</sup> The White Paper, *Better Care, Higher Standards: A Charter for Long Term Care*, (Department of Health, 1999a); the *National Service Frameworks for Mental Health* (Department of Health, 1999b) and its *Action Plan* (Department of Health, 1999a); The Department of Health's *End of Life Care Strategy: Promoting high quality care for all adults at the end of life* (Department of Health, 2008); *Essence of Care: Benchmarks for the Fundamental Aspects of Care* (Department of Health, 2010b). *The Health Act 2009* places a statutory duty on NHS services to take account of the new NHS Constitution, which deploys a diversity list which includes sexual orientation in its principles and also refers to the need to respect an individual's human rights (Department of Health, 2010a).

<sup>64</sup> HM Government, 2011.

<sup>65</sup> HM Government, 2011: Para 6.29.



Kim, 2012) and the high-risk category of older LGBN men acquiring HIV/AIDS in later life (Ward, Pugh and Price, 2011). A number of authors have also observed the invisibility of LGBN individuals in dementia care (Price, 2008), in end of life care (Corden and Hirst, 2011) and in recognition of and support for later life bereavement (Fenge and Fanin, 2009).

Care of older people is frequently medicalised, with an emphasis on the body rather than the whole person (Vincent, Phillipson and Downs, 2006), with diversity, including sexual diversity, out on the margins of the focus of bodily care. Despite Standard 2 of The National Service Framework for Older People (NFSOP)<sup>66</sup> stating it ‘requires managers and professionals to recognise individual differences and specific needs’, the framework makes no reference to the nature of those specific needs, and makes no reference to LGBN individuals, other than that they should be included in research. Public health research continues, however, to fail to take older LGBN individuals into account (Addis et. al., 2009). The limited health care policy and provision available to LGBN individuals is primarily ‘gay’ male based, focussed on youth culture, and youth-based sexual health practices, and not the needs of older LGBN individuals (Ward, Pugh and Price, 2011).

Taking a nodal approach, there are two sets of nodes which serve to marginalise older LGBN individuals: nodes relating to older persons’ health care (which are predicated on heterosexual norms) and nodes relating to LGBN healthcare (which prioritise younger people). In terms of older person’s health care, nodes for older people in relation to health care are based on generic notions of the

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<sup>66</sup> Department of Health, 2001.

(heterosexual) older people person. This results in health care resources flowing via those nodes towards the health care needs of heterosexual-identifying individuals, and not towards those of LGBN individuals. In terms of LGBN individuals' health care, nodes are based on generic and/or youth-orientated notions of LGBN individuals. This homogenising approach, underpinned by youth-privileging ageism, flow resources towards the needs of younger LGBN individuals and not towards the needs of older LGBN individuals. In this way, older LGBN individuals are marginalised from *both* LGBN health provision *and* older person's health provision.

#### 4.2. Social care policy

This section identifies gaps in the regulation of social care relating to older LGBN individuals, in relation three main areas: carer recognition; community care policy; day and residential care provision. My argument here is that social care policy is predicated upon models of traditional heterosexual families comprising nuclear family, filial and extended biological relationships, rather than wider networks of love, care and support, which include SLIFs (Ward, Pugh and Price, 2011). This, I propose, marginalises older LGBN individuals and their carers both in relation to recognition by service providers, and access to, formal social care resources which they provide.

##### 4.2.1. Carer recognition

There is an increasing emphasis by the state on the privatisation of care for older people, i.e. placing greater emphasis on partners and 'families' to provide care at home (Easterbrook, 2002). While the rights and needs of LGBN carers have been advanced in recent years, in terms of lesbian and gay parenting rights, those of other LGBN carers, including those of older people - who are often older LGBN individuals

themselves (Grossman, D'Augelli, and Dragowski, 2007) - have been less well addressed (Willis, Ward and Fish, 2011). This is evident in four key ways: (i) in the use of the generic and genderless word 'carer' in key legislative and social policy discourse, which fails to take into account carer diversity in general, the gendering of care, and LGBN carers in particular; (ii) in explicit heteronormative assumptions in the social construction of carers in wider government and voluntary sector discourse, which emphasises the traditional heterosexual family and again fails to take wider care network forms, and particularly LGBN carers and relationship forms, into account; (iii) in implicit heteronormative assumptions in older age carer discourse, e.g. dementia care; (iv) in assumptions of heterogeneity in carer discourse which exclude wider relationship forms:

Rights for carers require an intelligible model of the family that has no space for non-standard intimacies: polyamory, non-standard parental relationships, independent financial arrangements between partners, and close ties between friends. (Conaghan and Grabham, 2007: 20)

Three key pieces of legislation relating to carers<sup>67</sup> refer to carers under the generic legal term 'he' and make no reference to diversity or identity issues, including sexual identity/sexuality. The 2007 government guidelines on the provision of information to carers of people with dementia<sup>68</sup> refers to carers in generic gender-less terms, apart from a passing reference to gender – 'Women, in particular, often find that they are expected to care for a sick relative, although many carers are, in fact, men'<sup>69</sup> – and makes no reference to sexual identity/sexuality at all. The Healthcare Commission's

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<sup>67</sup> Carers (Recognition and Services) Act 1995; Carers and Disabled Children Act 2000; Carers (Equal Opportunities) Act 2004.

<sup>68</sup> Department of Health, 2007a.

<sup>69</sup> Department of Health, 2007a, p. 31.

report *Equality in Later Life*<sup>70</sup>, which explores the outcomes for older mental health service users and carers, also makes no reference to diversity.

*The Carers' Strategy for Wales*<sup>71</sup> refers to the importance of recognising diversity and 'the provision of culturally appropriate or specialist support'<sup>72</sup>, using a diversity list, which includes sexual orientation, which service providers must take into account. *The Carers Strategy for Scotland*<sup>73</sup> shows greater recognition of structural issues affecting carers, using an identity list which includes sexual orientation and emphasising that 'Carers may be excluded from support because there is no recognition of their particular caring situation. The result may be lack of opportunity, difficulty in accessing provision or unresponsive services.'<sup>74</sup> The previous Labour government's carers strategy for England, *Carers at the Heart of 21st Century Families and Communities*<sup>75</sup>, acknowledged that carers are a diverse group of people, and refers to sexual orientation, including the lack of knowledge about LGBN carers. However this document still has an overarching multicultural emphasis: there are seven references to issues specifically affecting people from 'Black and minority ethnic (BME)' backgrounds, e.g. mentioning that several BME languages do not have a word for carer. There is no reference to issues specifically affecting LGBN carers, such as the challenge of 'coming out to care' (Brotman et. al. 2007), for example. The privileging of multicultural discourse (Daley and MacDonnell 2011) is echoed in the more recent coalition government's document addressing the implementation of the Carers

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<sup>70</sup> Healthcare Commission, 2009.

<sup>71</sup> Welsh Assembly Government, 2007.

<sup>72</sup> Welsh Assembly Government, 2007, p. 8.

<sup>73</sup> The Scottish Government 2010a.

<sup>74</sup> The Scottish Government 2010a, para, 5.2.

<sup>75</sup> Department of Health 2008a.

Strategy<sup>76</sup> which made little reference to diversity at all, except with reference to ‘BME’ issues, with no reference to gender or sexual identity/sexuality at all.

The Department of Health’s *End of Life Care Strategy*<sup>77</sup> does make reference to same-gender partners as carers but in doing so positions same-gender partners in a particular way in relation to family:

Provider organisations will also wish to be aware of the possibility that the individual and carer might be in a gay or lesbian relationship and that the main carer may be the patient’s partner and not a family member.<sup>78</sup>

So, in the way family is constructed here, whilst someone’s heterosexual husband or wife would be regarded as a ‘family member,’ a same-gender partner would not. This brings to the fore the heterosexist notions of family which are being deployed. The previous Labour government’s report on the consultation findings on the future of care (HM Government, 2009a), employed discourse about LGBT families with an unspoken assumption that ‘family’ means biological family:

Those representing lesbian, gay, bisexual and transgender (LGBT) groups emphasised that people from these groups often do not live with family or have strained relationships with them. (HM Government, 2009a: 72)

This is despite the fact that later on the same report observed,

One respondent representing the LGBT community was keen to stress that assumptions must not be made that everyone is heterosexual and that there should always be wider definitions of various terms, such as ‘family’ and ‘carers’. (HM Government, 2009a: 81)

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<sup>76</sup> Department of Health 2010a.

<sup>77</sup> Department of Health 2008b.

<sup>78</sup> Department of Health 2008b: 110.

In the previous government's report on improving the lives of older people, *Building a Society for All Ages*<sup>79</sup>, there is an explicitly heteronormative model of familial care, with an emphasis on intrafamilial intergenerational relationships in later life:

We recognise that getting older is not just going to affect the individual. As we age, our family structures are going to change too. More active grandparents will have the chance to play a greater role in their families' lives, but more people will be caring for their older relatives too.<sup>80</sup>

This excludes the experiences of older LGBN individuals in a number of ways. Older LGBN are less likely to be embedded in nuclear/extended family networks, less likely to be grandparents, and less likely to have access to, or provide, intergenerational support (Guasp, 2011). They are more likely to have SLIF relationships, but these are not addressed in 'family' models of care, which serves to exclude their models of personal communities in carer discourse.

The invisibility of older LGBN care and carers is further nuanced by both gender and sexual identity/sexuality. Lesbians are excluded, not just in terms of the invisibility of LGBN individuals in carer discourse in general, but also in carer discourse which assumes that single women who are carers are heterosexual (the spinster model of care, Manthorpe and Price, 2006). Gay men caring for other gay men with HIV/AIDS are either excluded altogether (Rosenfeld, Bartlam and Smith, 2012) or only constructed in terms of the provision of care of partners with HIV/AIDS and not other types of caring (Munro and Edward, 2010). Bisexual women and men are most likely not to be recognised in any carer discourse at all, yet they may experience particular complexities in disclosing their own historical care narratives

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<sup>79</sup> HM Government 2009b.

<sup>80</sup> HM Government, 2009b: 7

which may have involved both same-gender and opposite-gender relationships (Jones, 2010).

The Carers (Equal Opportunities) Act 2004 emphasises the importance of providing timely information to carers. It introduced new provisions into the 1995 and 2000 Acts<sup>81</sup> which require a local authority, in certain circumstances, to inform carers that they may be entitled to an assessment under those Acts<sup>82</sup>. The explanatory notes state ‘This will ensure that carers get information about their rights at the appropriate time’<sup>83</sup>. However if LGBN carers are not recognised, they will also not be provided with this information, and will not, in turn, be able to mobilise those rights and access the much-needed resources that go with them (Hash, 2006; Grossman, D’Augelli, and Dragowski, 2007; Hash and Netting, 2009). This, in turn, denies LGBN carers access to sources of relief from their carer burden, increasing the risk of carer breakdown (Ward et. al., 2005). This is of particular relevance to older LGBN adults, who are more likely to need support from informal carers than younger LGBN adults.

Approached in terms of nodes and flows, there are several nodal mechanisms in operation. Firstly in the use of generic ‘carer’ nodes in the constructions of law and social policy, flows of recognition and resources are directed in a ‘one size fits all’ broad brushstroke approach. Secondly, heteronormative constructions of care networks mobilise carer and care constellations based on heterosexist identify and family norms and forms. It is these norms and forms which are recognised as entitled to access to resources and to whom, therefore, those resources flow. By contrast LGBN

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<sup>81</sup> Carers (Recognition and Services) Act 1995; Carers and Disabled Children’s Act 2000.

<sup>82</sup> Section 1, Carers (Equal Opportunities) Act 2004.

<sup>83</sup> Explanatory Notes to Carers (Equal Opportunities) Act 2004, para 12.

carers and care constellations, through their lack of recognition, via the absence of LGBN nodes, do not have the same flows of resources directed to them.

#### *4.2.2. Community care policy*

With an increasing emphasis on the privatisation of care, UK community care policy is predicated upon two key assumptions: a) that older people will receive informal social support from partners, children, extended biological family, neighbours and faith groups first, and only when those informal resources have been exhausted will the state step in (Bernard and Phillips, 2000); and b) that, when the state does step in, there will be sufficient, adequate, local formal care provision which can be purchased and which will meet the needs of the older person. This is based on heteronormative constructions (produced by heteronormative gerontology research, Cronin, 2006) of older age informal social networks and communities, which lead to an under-estimation of older LGBN individuals' need for formal provision and of the availability of culturally appropriate formal provision in their local communities (Aronson and Neysmith, 2001: 143).

In terms of assumptions about informal social support, as noted previously, in comparison with heterosexual-identifying older people, more older lesbian-, gay- and bisexual- identifying individuals live alone, are childfree, have less supportive extended family ties (Guasp, 2011) and many, particularly the oldest old, are not open about their sexualities in their neighbourhoods, and may not enjoy support from local community/faith groups (Cronin et. al., 2011). Older LGBN individuals are more likely to look to their partner, and then the state, for support, with none of the other intervening relationships (Heaphy et. al., 2004), suggesting that they will be earlier



and disproportionate users of formal care provision. Moreover many older LGBN individuals live in neighbourhoods which are not reflective or supportive of their sexualities. Their diverse forms of families and communities are often geographically dispersed (Pugh, 2002), and access to them can become increasingly difficult with age (Heaphy, 2009).

In terms of the availability of adequate, local formal care provision, this is highly problematic for older LGBN individuals, both in terms of the availability of support in their own homes (which will be addressed in this section) and in formal care provision in sheltered housing and residential care (which will be addressed in the next section). The personalisation agenda<sup>84</sup> has been heralded by many as having the potential to enable LGBN individuals to have greater access to personal care and support<sup>85</sup> which is reflective of and validate their lives and lifestyles (CSCI, 2008; Concannon, 2009). Underpinning the agenda (as outlined in the white paper, *Our Health, Our Care, Our Say*<sup>86</sup>) is the assumption that older people will be able to purchase such support from their own communities. However this can only be achieved if such services exist (Pearson, 2000). Many older LGBN individuals do not have a sense of an LGBN community (Pugh, 2002) and/or it is not physically local to them and/or they cannot identify support from that community (from which they are often excluded due to ageism). In terms of formal care providers, e.g. care agencies,

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<sup>84</sup> Department of Health, 2007c

<sup>85</sup> The Community Care (Direct Payments) Act 1996 allowed local authorities to give cash payments ('Direct Payments') to service users instead of providing services to them, in order that the service users could purchase preferred services themselves. 'Personal Budgets' refer to the sum of money allocated to a service user, following assessment of needs, which can either be taken in the form of cash payments or can be used by the service user to direct a care package commissioned on their behalf by the local authority (Department of Health 2010b). Personal Budgets are known as Individual Budgets under the Scottish Government's Self-Directed Support (SDS) strategy (The Scottish Government, 2010b).

these are under-prepared to meet the needs of older LGBN individuals (Ward, Pugh and Price, 2011). Being able to choose between agencies that are all equally heteronormative is no choice at all (Concannon, 2009). This can produce profound disadvantages, as in this example, identified in the Equality and Human Rights Commission's (EHRC, 2011) recent report on domiciliary care for older people:

An older gay man with dementia decided to stop receiving services because of the homophobic reaction of care staff. This had led to him having to move into residential care earlier than necessary as his elderly partner had struggled to cope alone with caring responsibilities. (EHRC 2011: 37)

Here we can see how a lack of appropriate community-based resources can deny an older LGBN individual access to support in later life, and thereby necessitate residential care provision sooner than might be necessary. Moreover that residential care provision is also likely to be ill-equipped to meet the needs of older LGBN individuals (Ward, Pugh and Price, 2011).

So, community care policy does not take sexual identity/ sexuality diversity into account, and is predicated upon nodes which construct carers, care networks and potentially purchasable community care as heterosexual, either by default or more explicitly. This has implications in terms of not only flows of care but also how the terrain of care is constructed. Nodal constructions of communities on to which government care strategies are mapped are of heterosexual communities: the points on the map, its undulations, are shaped by heteronormative markers, by nodes which construct older people (nodes) in need of community care as living in particular community care networks (also nodes). Strategies which determine the positioning of flows of formal care and support – the strategies being nodes themselves, dictating

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<sup>86</sup> Department of Health, 2006a

who receives formal resources and how – are positioned across this heteronormatively constructed terrain. Older LGBN individuals' care networks and care needs are not part of this terrain and as a result older LGBN individuals are far less likely to be in receipt of appropriate flows of formal care and support.

#### *4.2.3. Sheltered housing and residential care provision*

The third gap is in relation to sheltered housing and residential care provision. As observed in Chapter One, there is a growing body of knowledge about older LGBN individuals' fears and concerns regarding this provision (e.g. Ward, Pugh and Price 2011). These are informed by the perception that formal care spaces are sites of 'ignorance at least, homophobia at worst' (Guasp, 2011: 22) and of disconnection from LGBN individuals' support networks (Carr and Ross, 2013). There are a small number of policy documents which address these issues in general, such as *Older Lesbian Gay and Bisexual People: briefings for health and social care staff*<sup>87</sup>. However, it is questionable to what extent these policies translate into practice, especially as there is a lack of rigorous auditing procedures (Fish, 2009)<sup>88</sup>.

UK policy also has little to say about sheltered housing accommodation (Carr and Ross, 2013), while policy aimed at addressing 'LGB/LGBT' issues or residential care provision tend to take a 'cultural competence' approach. The Care Quality Commission has produced a document advising people living in residential care about the standards they can expect. Sexuality is referred to only once:

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<sup>87</sup> Dept of Health, 2007.

<sup>88</sup> *No Secrets*, the previous Labour government's guidelines on the protection of vulnerable adults (Department of Health, 2000), includes sexual orientation in several anti-discrimination lists, but then recommends monitoring by service providers of disability, gender and ethnicity, but not sexual orientation. CCQ care home evaluation is less and less nuanced and reporting does not specifically refer to diversity issues.

[You can expect that]... Staff respect your cultural background, sex (gender), age, sexuality (whether you are a lesbian, gay, bisexual or heterosexual person), religion or belief, and your disability, if you have one. (CQC, 2009: 5)

Although the term sexuality is used here, the document then defaults to an identity based narrative, i.e. *being* an ‘LGB’ or heterosexual person, serving to marginalise those who do not mobilise an identity-based narrative.

There are a growing number of guidelines from the voluntary sector, some of which are specifically aimed at social care contexts, some of which are aimed at both health and social care contexts. The Stonewall guide for the NHS, *Sexual Orientation: A guide for the NHS* (Stonewall, 2010) focuses on the ‘significant differences between the health needs of lesbian, gay and bisexual people and those of heterosexual people’ (Stonewall, 2010: 2), mobilising a binary ‘LGB’ or heterosexual construct rather than addressing diversity among and between LGBN individuals. The Age Concern publication *The whole of me... Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing* (Knocker, 2006) takes an identity-based approach, referring to identity-based sexual orientations, with quotes from gay-identifying and lesbian-identifying individuals only. This serves to marginalise the experiences of older non-labelling and/or bisexual individuals, who are, again, often women.

The Stonewall guide for social care providers *Working with older lesbian, gay and bisexual people: A Guide* (Taylor, 2013), which is referred to on the CQC website as its source for good practice guidelines<sup>89</sup>, goes further, using the term ‘older gay people’ interchangeably with ‘older lesbian, gay and bisexual people’, e.g.

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<sup>89</sup> <http://www.cqc.org.uk/public/news/meeting-needs-lesbian-gay-bisexual-and-transgender-people>

Older lesbian, gay and bisexual people want many of the same things in later life as heterosexual older people... Stonewall research has shown that half of older gay people feel their sexual orientation has, or will have, a negative effect on getting older. Gay people are...' (Taylor, 2013: 2)

- Improve the experience of older gay people in care homes;
- Provide better information and services to older gay people;
- Improve healthcare to older gay people;
- Demonstrate a commitment to lesbian, gay and bisexual Equality. (Taylor, 2013: 2)

This is problematic in several ways: firstly it prioritises the 'gay' descriptor (most often used by gay men) over lesbian and bisexual ones (most often used by women); secondly it serves to conflate lesbian, gay and bisexual issues and/or homogenise narratives about older LGBN individuals; thirdly it marginalises political lesbian identities; and lastly, in privileging an 'orientation' approach to sexuality, it serves to marginalise those individuals who do not understand their sexualities in those terms.

The Opening Doors London checklist for social care providers, *Supporting older Lesbian, Gay, Bisexual & Transgender people* (Opening Doors London, 2010) focuses on enabling organisations become 'LGBT Friendly' so that 'the older person feels able to 'come out' to the organisation and be fully themselves' (Opening Doors London, 2010: 1). 'LGBT-friendly' is problematic in two main ways. Firstly it takes a homogenising cultural competence approach, masking issues of diversity, especially gender diversity (Johnson and Munch, 2009). Notions of 'coming out' also privilege those who mobilise a 'coming out' identity-based narrative. Secondly it diverts attention away from the possibility of alternatives to mainstream provision.

The main thrust of voluntary sector guidance in the UK is in relation to making mainstream provision 'LGBT Friendly' (Knocker et. al., 2012) rather than addressing specialist options instead. Yet an increasing number of reports on older LGBN

housing suggest the need for specialist housing and home care services (CIH, 2011). Some older LGBN individuals are also interested in co-housing and co-care arrangements. Using a co-production approach older LGBN co-tenants/co-owners could collectively purchase or commission services, using their own pooled funds and/or individual budgets/benefits to jointly purchase accommodation, care and support which fits with their particular needs (Skidmore, 2010). This would enable them 'to choose and control services that are safe, accepting and culturally or socially appropriate' (Blood, 2010: 11). However support for such projects is not yet available.

So, in terms of nodes and flows, there is an under-attention to ageing sexualities in social policy contexts relating to sheltered housing and residential care for older people. The extent to which policy is translated into practice is also open to question. There is reflected in, and produced by, a lack of nodes addressing sexuality diversity, leading to limited flows of recognition. Policy nodes and practice nodes are also questionably linked in this context, suggesting problems with flows of implementation of policy in practice. Voluntary sector guidelines mobilise problematic constructions of sexuality as an orientation, as a generic term, and even reduced to the shorthand of 'gay.' Each are nodes which in turn inform narrow flows of recognition (informing policy-makers and services providers) and serve to obscure more complex constructions and lived experience of ageing sexualities. Activism focussed on 'LGBT friendly' mainstream residential provision, and an enduring 'one size fits all' approach by government to such provision, means that all current attempts at addressing LGBN inequalities in care home contexts are corralled within a single set of nodes corraling care in a mainstream framework. There is a striking lack of nodes positioning possible

alternative flows of care beyond the mainstream, and an absence of elective choice-based nodes for different types of provision.

It is possible that both the Equality Act (EQA) 2010 and the Human Rights Act (HRA) 1998/European Convention on Human Rights (ECHR) might offer scope to mobilise law in order for people to ensure that specialist provision is made available and/or co-housing and co-care projects supported. In terms of the EQA it might be argued that services which fail to meet the ‘identity’ needs of older LGB/LGBN individuals are at the very least indirectly discriminatory. The (albeit much diluted) public sector equality duty’s requirement to have due regard to the need to ‘advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it’<sup>90</sup> offers scope to argue that older LGB/LGBN individuals should have equal opportunity to be accommodated and/or share services with people with whom they can identify and share common experiences. Specialist provision, far from being construed as being discriminatory, would constitute measures commissioners and providers are taking to address the needs of people who share a particular protected characteristic:

It may be possible for a service provider to target its services at people with a particular protected characteristic through positive action. The service provider must be able to show that the protected characteristic these people share means they have a different need or a past track record of disadvantage or low participation in the sort of activities the organisation runs it may be possible for a service provider to target its services at people with a particular protected characteristic through positive action. The service provider must be able to show that the protected characteristic these people share means they have a different need or a past track record of disadvantage or low participation in the sort of activities the organisation runs (EHRC, 2014: 1).

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<sup>90</sup> Section 149(1)(b) Equality Act 2010.

Additionally, Article 8 ('Right to private and family life') of the ECHR might also offer scope for championing the rights of older LGBN individuals (BIHR 2012), in particular to be supported to live in housing and care spaces where their sexual identities/sexualities are recognised, validated and respected and where those who want to can live alongside other people with shared gender/sexual identities/sexualities.

## **5. Under-Protection under The Equality Act 2010**

The final area of law in which older LGBN individuals are marginalised is in relation to the Equality Act (EQA) 2010. The EQA disadvantages older LGBN individuals in two main ways: in the construction of sexuality as a single-strand 'sexual orientation'; and in the exemptions from protections from harassment outside of the workplace. Each will be addressed in turn.

### **5.1. Single strand approach to equality**

Sexuality equalities discourse in the UK is embedded in notions of sexual orientation underpinned by essentialist understandings of sexuality (Richardson, 2000). A sexual orientation approach tends to imply homogenised notions of group identities and assumptions of sameness (Cooper, 2004), which do not take into account diversity within group membership nor how 'identities are themselves diversified through complex intersections' (Richardson and Munro, 2012: 174). It excludes a range of other accounts of sexuality, and, in the context of this thesis, does not take into account the narratives of those older LGBN individuals who do not understand their sexuality as an orientation and/or do not locate it in an identity context and/or



understand it is fluid and changeable. As this thesis will show, these narratives are more often those of older LGBN women.

The EQA, with its single strand focus on ‘protected characteristics’ and with its equality of opportunity emphasis (Kantola and Squires, 2009) also fails to take into account the complex inter-connections between processes of sexual inclusion and exclusion (Verloo, 2006; Hannett, 2003) and is ‘structurally antithetical to developing a nuanced recognition of intersectionality....and to tackle more complex structural aspects of discrimination’ (Squires, 2009: 506). Intersecting discrimination had been addressed in the introduction of protection from dual discrimination under Section 14 of the Equality Act 2010 (introduced by the previous Labour government). However the subsequent coalition government did not bring this Section into effect, arguing that its implementation would be too costly<sup>91</sup>. The removal of dual discrimination from the EQA affects older LGBN individuals in a number of ways, in that they cannot make a claim on the basis of discrimination on the grounds of: a) age and sexual orientation (in cases where a person has been discriminated against because they are both older and LGBN individuals); b) age and gender<sup>92</sup> (in the cases of an LGBN woman discriminated against because, for example, she is an older woman); c) gender<sup>93</sup> and sexual orientation (in cases where a person has been discriminated against because they are a LGBN woman or man). Even if dual discrimination had been brought in, the EQA would still not have afforded the facility to make a claim for

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<sup>91</sup> In the Budget Statement on the 23 March 2011 George Osborne announced that the government was ‘scrapping plans for regulations that would have cost businesses over £350 million a year, including stripping back proposed regulation on dual discrimination and third party harassment from the Equalities Act 2010’ (HM Treasury 2011: 7)

<sup>92</sup> Gender is constructed as the protected characteristic of ‘sex’ under the EQA.

<sup>93</sup> Again, the protected characteristic of ‘sex’ under the EQA.

discrimination on the basis of multiple intersecting disadvantages, i.e. ageing, gender *and* sexuality. Yet, as this thesis will show, older lesbians perceive their experiences of ageing inequalities to be located at precisely the intersection of all three.

The EQA is structured, then, in ways which do not afford sufficient protections to the intersecting complexities of disadvantage and discrimination, including those based on ageing, gender and sexuality. Nodes which position sexuality as an orientation, combined with nodes which position discrimination as involving single protected characteristics, produce narrow flows of protection from discrete forms of discrimination. They do not provide adequate protection from more complex forms of intersecting discrimination, include discrimination involving age, gender and sexuality, which particularly relate to older LGBN individuals.

## 5.2. Harassment exclusions

Older LGBN individuals are under-protected from harassment by two sets of regulatory gaps: a) through a predominance of harassment legislation in relation to public spaces<sup>94</sup> and an absence of harassment legislation in relation to ‘private’ spaces of care and accommodation; and b) in the harassment exclusions in the Equality Act 2010 (EQA). In terms of ‘public’/ ‘private’ spaces, harassment legislation becomes complicated in carescapes where ‘public’ and ‘private’ overlap, e.g. older age care spaces (Casey, 2013).

Contemporary anti-discrimination law is grounded in a constructed division between the public and private spheres: the latter a space into which the law cannot easily intrude. (Cobb, 2009: 346)

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<sup>94</sup> *Criminal Justice and Immigration Act 2008; Criminal Justice and Public Order Act 1994; Local Government Act 1988; Protection from Harassment Act 1997; Public Order Act 1986; The Sexual Offences (Amendment) Act 2000; The Sexual Offences Act 1967*

In addition to a lack of protection from harassment in care spaces from other forms of harassment legislation, protection from harassment in care spaces is also denied by the harassment exclusions in the EQA. These specifically remove protections from harassment on the basis of sexual orientation in contexts beyond the workplace.

Harassment is addressed in S26 of the Act, which, according to the parliamentary briefing notes:

...preserves existing legislative provisions on harassment. Harassment as it has come to be defined in legislation will probably always be directly discriminatory, but represents a different and more aggravated form of discrimination. In bringing in a unified provision for harassment within a single enactment, the [Act] will effectively extend free standing harassment provisions to other strands not currently protected by specific harassment provisions<sup>95</sup>.

Harassment is sub-classified in the Act as: unwanted conduct harassment<sup>96</sup>; sexual harassment<sup>97</sup>; and ‘non-submission’ harassment<sup>98</sup>.

The protected characteristics of sexual orientation and religion enjoy equal protection with the other protected characteristics from harassment in the workplace (EQA 2010, Part 5) but are excluded from protection outside of the workplace, in the following areas: in the provision of services (including goods) and public functions

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<sup>95</sup> Parliament UK, 2009, para 42.

<sup>96</sup> S26(1) defines unwanted conduct harassment as: ‘A person (A) harasses another (B) if (a) A engages in unwanted conduct related to a relevant protected characteristic, and (b) the conduct has the purpose or effect of (i) violating B’s dignity or (ii) creating an intimidating, hostile, degrading, humiliating or offensive environment for B.’ S26(4) establishes that in deciding whether conduct has that effect, each of the following must be taken into account, namely, (a) the perception of B; (b) the circumstances of the case; (c) whether it is reasonable for the conduct to have that effect.

<sup>97</sup> Sexual harassment is unwanted conduct of a sexual nature (S26(2)): ‘A harasses B if (a) A engages in unwanted conduct of a sexual nature, and (b) the conduct has the purpose or effect of i) violating B’s dignity or (ii) creating an intimidating, hostile, degrading, humiliating or offensive environment for B.’

<sup>98</sup> Non-submission harassment is defined as S26(3): ‘(a) A or another person engages in unwanted conduct of a sexual nature or that is related to gender reassignment or sex, and (b) the conduct has the purpose or effect of i) violating B’s dignity or (ii) creating an intimidating, hostile, degrading, humiliating or offensive environment for B, and (c) because of B’s rejection of or submission to the conduct, A treats B less favourably than A would treat B if B had not rejected or submitted to the conduct.’

(EQA 2010, Part 3)<sup>99</sup>; in the disposal, management and occupation of premises (EQA 2010, Part 4)<sup>100</sup>; in education (EQA 2010, Part 6), where gender reassignment is also excluded from protection<sup>101</sup>; and in associations (EQA 2010, Part 7)<sup>102</sup>.

The EQA's exclusions from sexual orientation harassment protection beyond the workplace were specifically included to protect religious proselytising from accusations of harassment (Baird, 2009), serving to privilege religious over sexual orientation rights (Clucas, 2012). During the consultation phase prior to the introduction of the Equality Bill, a number of individuals and organisations expressed concerns about the exclusions. For example, the human rights organisation Liberty observed:

Liberty cannot see why it would be acceptable for a person to harass another on the basis of their religion or sexual orientation when providing (or not providing) a service – and particularly when exercising a public function (examples including law enforcement and medical treatment on the NHS)... It is not enough to simply state that this replicates existing law – if there is a gap in the law then this new consolidating, and harmonising Bill should extend to all relevant areas, and not simply perpetuate current inadequate protection. (Liberty, 2009: 8)

The British Humanist Association came close to making a connection between sexuality and older age, in addressing the issue of harassment from care providers:

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<sup>99</sup> S29 Provision of services – EQA 2010 S29(8): 'In the application of section 26 for the purposes of subsection (3), and subsection (6) as it relates to harassment, neither of the following is a relevant protected characteristic: (a) religion or belief; (b) sexual orientation.'

<sup>100</sup> S33 Disposal – EQA 2010 S33(6): "In the application of section 26 for the purposes of subsection (3) neither of the following is a relevant protected characteristic: (a) religion or belief; (b) sexual orientation'; S34 Permission for disposal – EQA 2010 S34(4): 'In the application of section 26 for the purposes of subsection (2) neither of the following is a relevant protected characteristic: (a) religion or belief; (b) sexual orientation'; S35 Management – EQA 2010 S35(4): 'In the application of section 26 for the purposes of subsection (2) neither of the following is a relevant protected characteristic: (a) religion or belief; (b) sexual orientation.'

<sup>101</sup> S85 Pupils, admission, treatment, etc - EQA 2010 S85(10): 'In the application of section 26 for the purposes of subsection (3) neither of the following is a relevant protected characteristic: (a) gender reassignment; (b) religion or belief; (c) sexual orientation.'

We are disappointed that the Government does not agree that a useful distinction can be made between 'closed' environments, such as schools (there are particular and well-known problems in faith schools), prisons, hospitals and hospices (where service users are 'captive' with limited choice and control over their environment) and other extra-employment contexts. Indeed, it is not just a question of open and closed spaces: harassment becomes an issue whenever people do not have a choice of service provider, including but not limited to when they have to receive a public service from a contracted religious organisation.<sup>103</sup>

The Joint Committee on Human Rights (JCHR) was also concerned about the exclusions and took the view that they represented 'a significant gap in the protection against discrimination offered by the [Act]'<sup>104</sup> raising issues about legal ambiguity and compliance with the ECHR (Doyle et. al. 2010). The JCHR also took the view that equal harassment protection for sexual orientation could be interpreted in a way that did not impinge upon religious freedoms<sup>105</sup> and proposed special protections from harassment for those in 'closed' spaces (e.g. prisons, care homes, schools, etc.) (JCHR, 2009). This was again opposed by faith organisations, and the government acceded to their pressure, supported by Stonewall, who took the view, based on legal advice, that there was not a sexual orientation harassment scenario which would not be covered under direct discrimination (Stonewall, 2009).

Direct discrimination, however, is harder to prove than harassment, given that it requires a comparator, which harassment does not (Connolly, 2006). And if all harassment can be encompassed under direct discrimination, it begs the question as

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<sup>102</sup> S01 Members, s12 Guests - EQA 2010 S103(2): 'In the application of section 26 for the purposes of section 101(4) or 102 (3), neither of the following is a relevant protected characteristic: (a) religion or belief; (b) sexual orientation.'

<sup>103</sup> JCHR (2009) *Memorandum submitted by the British Humanist Association* Ev 100 -106.

<sup>104</sup> JCHR (2009) para 114.

<sup>105</sup> As outlined in Mr Justice Weatherup's judgement in *Christian Institute v Office of the First Minister and Deputy First Minister* [2008] E.L.R. 146.

to why protection from harassment was included in the Act at all, and contradicts the explanation in the EQA notes that harassment ‘represents a different and more aggravated form of discrimination.’<sup>106</sup> There are also concerns that these gaps in harassment protection may raise issues relating to the European Convention on Human Rights (ECHR), with particular reference to prohibition of discrimination<sup>107</sup> in conjunction with the right to respect for private and family life<sup>108</sup>, freedom of thought, conscience and religion<sup>109</sup> or the prohibition on inhuman or degrading treatment<sup>110</sup> (JCHR, 2009), and the public duties under S6 of the Human Rights Act, exposing public authorities to potential legal challenge.

What this means, in effect, is that older LGBN individuals occupying older-age care spaces enjoy unequal (and lesser) protections from harassment than *both* older heterosexual-identifying individuals occupying formal older-age care spaces, especially closed care spaces *and* younger LGBN individuals (not occupying those spaces) (SCIE 2011b). Given that homophobic harassment is defined as a form of elder abuse<sup>111</sup>, it also means that older LGBN individuals are less well protected from elder abuse in older age care spaces than their older heterosexual-identifying peers.

Using the concepts of nodes and flows, there are, again, multiple nodal mechanisms in operation. Harassment is nodally positioned as a public event, flowing protections away from spaces that are private and/or a mix of public and private, such as residential care spaces. Under the EQA nodes of protection from harassment on the

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<sup>106</sup> Parliament UK (2009) para 42.

<sup>107</sup> ECHR Article 14

<sup>108</sup> ECHR Article 8

<sup>109</sup> ECHR Article 9

<sup>110</sup> ECHR Article 3

<sup>111</sup> Dept of Health 2000 para 2.7.

grounds of a protected characteristic are clustered around and direct flows of protection towards individuals based on a range of spatial contexts (work, housing, the provision of goods and services). But there are additional nodes which disable these protective nodes in relation to sexual orientation beyond the workplace. In very simple terms the EQA explicitly affords different degrees of protection from harassment to different protected characteristics, with the protected characteristic of sexual orientation being particularly disadvantaged. Additionally, the lack of a disabling node in the context of work means that LGBN individuals in the workplace enjoy greater flows of protection from harassment than LGBN individuals not in the workplace. These are more likely to be older, especially very old, LGBN individuals.

## **6. Concluding Remarks**

As I have shown in this chapter, in exploring how the lives of older LGBN individuals are framed in regulatory contexts, I have found that older LGBN individuals are marginalised in regulatory contexts in a range of ways: in the four tier privileging of relationships which prioritises the legally recognised couple and biological family, and marginalises friendship and non-normative kinship networks; in the construction of the ageing legal subject in health and social care policy, as heterosexual, located in heterosexual kinship networks and heteronormative models of community; in equality legislation which does not take into account multiple intersecting sites of discrimination, and which, in its harassment exemptions, disadvantages older LGBN individuals over both younger LGBN individuals and older heterosexual-identifying individuals.

Using the model of nodes and flows makes it possible to see with greater clarity how recognition is itself positioned in law and social policy, particularly in relation to family forms, and how that recognition in turn directs the movement of recourses (material, financial, rights, access to formal social care and support) unevenly to older people and their various relationship forms, in ways which serve to marginalise older LGBN individuals. To return to my central research question, which asks how ageing, gender and sexuality intersect to shape equality in later life, these insights contribute to an answer in several ways.

Firstly, heteronormative defaults shape many aspects of law and social policy affecting older people: sexuality can be a fault line of exclusionary nodes along which flows of recognition and resources do not pass. This is often not in explicit exclusions based on sexuality, but indirectly produced through models of ageing lives, kinship networks and communities which are based on heterosexist norms and assumptions. Secondly, the prioritising of the cohabiting conjugal couple and biological family and marginalising of other relationships and kinship forms disadvantages older LGBN individuals whose personal communities are more likely to be comprised of the latter. Civil partnerships and same-gender marriage have further entrenched the privatisation of both financial support and care (Stychin, 2006) and the conjugal couple and biological family as central organizing features of the state (Boyd and Young, 2003). LGBN individuals' non-conjugal ties of love and support (SLIF's) have been accorded variable 'institutional inferiority'<sup>112</sup> in comparison to both registered and unregistered same sex conjugal relationships.

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<sup>112</sup> Hansard, Commons, 12 Oct 04, 213, Christopher Chope, cited in Stychin, 2006: 913.



One of the concerns about same gender marriage and, to a slightly lesser extent, civil partnership (Harding, 2011), was that they would privilege one relationship form ('compulsory matrimony' – Ruthann Robson, 2009: 313) whilst further marginalising others and would jeopardise wider reform of relationship recognition beyond the conjugal (Auchmuty, 2004; Barker 2012). Nicola Barker suggested that they would reduce incentives for further debate 'once the most privileged, and politically powerful, couples are satisfied' (Barker, 2006: 255-256). At the same time, if 'family of choice' accounts of LGBN kinship are correct, there may be little appetite for greater recognition (and regulation) of friendships whose hallmark is voluntarism and a lack of duty and commitment. However, whether desirable or not there appears to be little legal movement at present towards widening legal recognition to other relationship types and kinship forms. This is explored further in Chapter Five.

The third contribution this chapter makes to my first research question, is in relation to intersectionality. Older LGBN individuals are marginalised in older age regulatory contexts not only by sexuality, but also by the intersection of gender *and* sexuality and/or ageing, gender *and* sexuality. The EQA affords no mechanism to provide protections from this in law. The EQA is *itself* a site of discrimination, with its harassment exclusions affording greater protections to working age LGBN individuals than non-working age individuals and to heterosexual individuals than LGBN individuals. The harassment exclusions were an attempt to balance competing rights based on the protected characteristics of 'religious belief' and 'sexual orientation.' As the JCHR identified, these competing rights tensions have particular relevance for

closed care contexts. As will be shown in Chapter Six, interview participants expressed concerns about prejudice and discrimination in older age closed care spaces, particular on the grounds of religious belief. This spatial domain, and its implications for later life equality, has not been explored through the lens of religion and sexual orientation and merits further research (see Chapter Eight).

Having identified gaps in law and social policy affecting older LGBN individuals, I then wished to explore them with older LGBN individuals themselves. This engages with the second of my research questions, namely: *How do these regulatory frameworks inform ageing LGBN subjectivities and kinship formations?* I wanted to understand ageing LGBN subjectivities in the context of broader regulatory contexts, so not only formal law but also in terms of disciplinary law, i.e. the reproduction of norms and normativities through social, relational, organisational and institutional processes. I also wanted to understand the ageing concerns of older LGBN individuals and how these are represented by activists. This is the focus of my empirical research. The next chapter, Chapter Three, addresses methodology; Chapters Four to Seven offer thematic analyses; and in Chapter Eight I offer my conclusions and recommendations for social policy and future research.

## **CHAPTER THREE: METHODOLOGY**

### **1. Introduction**

Chapter Two demonstrated the regulatory gaps relating to ageing, gender and sexuality, in particular the four-tier system of legal privileging of relationship forms, and the constraints upon recognition of older LGB/LGBN individuals in older age social care policy and provision. The aim of my empirical research was to understand the effects, co-productions, interactions, and experiences of these regulatory gaps among older LGBN individuals. I was also interested, from an equalities perspective, in how this is represented by activists working on behalf of older LGB/LGBN individuals. This chapter describes the empirical component of my research, in terms of methodology and methodological challenges, research participant profiles, and a preliminary outline of my thematic analysis.

The chapter takes a reflexive perspective (Pillow, 2003), considering my place in my research, and a number of methodological challenges, namely: researching ‘hidden populations’; the ‘insider-outsider’ dynamic; and issues of the waiving of confidentiality. It offers new insights on researching ageing LGBN individuals, particularly regarding issues of access and of boundaries. Section Two addresses reflexive research, and my place in this research project. Section Three addresses recruitment issues and overviews participants’ profiles. Section Four addresses the interview process. Section Five considers methodological challenges. Section Six addresses data analysis, and outlines the central analytical themes of my thesis.

## **2. Reflective Research**

This section addresses reflexivity in research in particularly in relation to studying ageing LGBN individuals. I then consider my place in this project.

### **2.1. Reflective research in context**

Reflexivity is now widely used as a methodological tool in qualitative research (Pillow, 2003), and is central to a range of research methodologies and orientations, particularly feminist theoretical approaches, which have rejected notions of the detached impartial scientific observer (Letherby and Jackson, 2003) and emphasise instead the importance of recognising and articulating standpoint (Harding, 2004). Feminist reflexivity (Reid, 2004) involves knowing responsibly (Edwards and Mauthner, 2002) through a process of ‘critical self-scrutiny’ (Mason, 2006: 7). This acknowledges and interrogates the researcher’s ‘constitutive role’ (Gillies and Alldred, 2001: 48) in the research process, and the ‘situated and partial nature of our understanding of ‘others’ (England, 1994: 80).

Pillow (2003) has proposed that reflective practice involves four interconnected strategies; recognition of self as a co-producer of data; recognition of the other (i.e. taking care to represent the voices of others and not the – privileged – re-interpretation of those voices by the researcher); ‘transcendence’ (Pillow, 2003: 186) i.e. the highly questionable notion that through reflective practice we can unburden ourselves of our misconceptions (which is also contingent upon the extent of our own self-awareness, Finlay, 2002); and ‘reflexivities of discomfort’ (Pillow, 2003: 188) which involve seeking to know but situating this knowing as ‘tenuous’ (Pillow, 2003: 188). Finlay has cautioned that reflection upon one’s own internal

processes, both cognitive and affective, should 'be neither an opportunity to wallow in subjectivity nor permission to engage in legitimised emoting' (Finley, 1998, quoted in Finley, 2002). A balance needs to be achieved between recognising one's own voice in a project while not allowing that voice to dominate the project (Skeggs, 2002).

Used well, reflexivity can help to recognise the researcher's voice in her analysis of the voices of others, which may in turn lead to more nuanced insights and understandings. Used to extremes it can result in 'researchers getting lost in endless narcissistic personal emoting or interminable deconstructions of deconstructions where all meaning gets lost' (Finlay, 2002: 226). In the following section, as I reflect upon my place in my research, I shall try not to get lost myself.

## 2.2. Locating myself in my research

My research addresses the intersection of ageing, gender and sexuality, and, unsurprisingly these three issues are central to my own life. At 57, I find myself to be, in the eyes of some, including myself at times, an 'older woman.' After an initial foray into compulsory heterosexuality, for most my adult life I have identified as lesbian. My early adult life was informed by a range of experiences of gender discrimination, and of the oppressive use of power by men, especially heterosexual men. I have been committed to feminist ideals and principles in my life and in my work. For me those principles are based on an understanding of gender inequality as being central to women's experiences, intersecting with a range of other social identities and inequalities. How I describe my sexuality is both about my feminist politics and my desires. For me, my ageing is both about ageing as a woman *and* as a lesbian.

As a carer for my father, who had dementia, I was faced with numerous situations where I had to decide whether or not to disclose my sexuality. I found myself wondering what my care would be like if I had dementia, and who would support me. When I look to my own ageing future, I am faced with two sets of concerns. With a lack of intergenerational support, I may look to formal care and accommodation provision sooner than my heterosexual-identifying peers. Yet having worked in the field of health and social care for most of my life, I know how heteronormative it can be. I also know how un-individualised and low-standard care for older people often is. The prospect of formal older-age care provision does not appeal to me. So my interest in this project is personal as well as professional.

### **3. Recruitment and Participant Profiles**

This section outlines the models I deployed in recruiting and interviewing participants, and my rationales for doing so. There are two groups of interview participants. The first group comprises 60 older LGBN individuals living in the UK. The second comprises 20 activists working with and/or on behalf of ageing LGBN individuals, based in the UK and overseas.

#### **3.1. Ageing LGBN individuals**

This section describes the recruitment process and overviews the profiles of the ageing LGBN participants.

##### ***3.1.1. Recruitment***

Much older ‘LGB’ research has been criticised for failing to produce representative samples via probability sampling (Grossman, 2008), i.e. ‘where every member of a

clearly specified population has an equal chance of being selected' (Fish, 2006: 98), enabling researchers to generalise findings to the population as a whole. One of the key problems is that older LGBN individuals constitute a hidden, marginalised, population (Benoit 2005) of uncertain constituencies (Yip, 2008). As Heckathorn explains,

'Hidden populations' have two characteristics: first, no sampling frame exists, so the size and boundaries of the population are unknown; and second, there exist strong privacy concerns, involving stigmatised or illegal behaviour, leading individuals to refuse to cooperate, or give unreliable answers to protect their privacy. Traditional methods, such as household surveys, cannot produce reliable samples. (Heckathorn, 1997: 174).

Primary strategies which respond to these sampling challenges (link-tracing strategies, Yip, 2008) include snowball sampling and targeted sampling.

Snowball sampling involves asking interview participants to nominate further potential participants. It is 'an effective technique for building up a reasonable-sized sample, especially when used as part of a small-scale research project' (Denscombe, 2010: 17-18). One of the major criticisms of snowball sampling is that it can create biased samples of interviewees who are all connected and alike (Meyer and Wilson, 2009) and exclude those who are not well-networked or in friendship groups or attached to particular communities (Rothblum, 2010). Julie Fish has proposed that one way to counteract this is to ensure a balance in a sample of participants recruited via social networks and participants recruited by other means, and that participants should be asked whether they are part of a network or not (Fish, 2008).

Targeted, or purposive, sampling is when the sample is 'hand-picked' for the research. It is applied 'to those situations where the researcher already knows

something about the specific people or events and deliberately selects particular ones because they are seen as instances that are likely to produce the most valuable data' (Denscombe, 2010: 17). The advantages of this approach are economy of scale and distillation of issues. The disadvantage is that the broadest spectrum of perspectives, including marginalised ones, may not be captured.

In my research, I maximised participant variability by utilising a wide range of sampling strategies which included: distribution of hard-copy and/or e-flyers (see Appendix A for a copy of the promotional flyer) to online and face-to-face social networks; targeted sampling; snowball sampling; and opportunistic/ convenience sampling. The latter involved inviting individuals I knew of by word-of-mouth and/or came across in the course of my academic activities. As Denscombe has written 'an element of convenience is likely to enter into sampling procedures of most research' (Denscombe, 2010: 18). The final sample captured a range of sexuality narratives across a spectrum of kinship structures and living circumstances, and a good gender mix and spread of age ranges. However I initially experienced particular challenges in recruiting older lesbian-identifying women. These challenges, and how I overcame them, are addressed in Section 5.1.

Initial marketing sought to recruit 'lesbians,' 'gay men,' and 'bisexual' women and men and prospective participants mobilised one of these identities to engage with the research. However, at interview it became apparent that many, particularly women, were ambivalent about using sexual identity labels, with some actively rejecting them (described further below). For this reason I used the broader term



‘LGBN individuals’ (as described in Chapter One) in order to encompass their narratives as well.

### *3.1.2. Profiles*

This section details participants’ profiles in terms of gender, age, sexuality, ethnicity relationship status, independent living status and class. For a full breakdown of the sample profile for each individual participant, see Appendix B.

#### Age, Gender and Sexuality

In terms of gender, relationships and accommodation, of the 60 participants 36 (60 per cent) were women and 24 (40 per cent) were men. All of the men identified as gay. Of the women, 29 identified as lesbian, one as gay, one as bisexual, one strategically mobilised a lesbian-bisexual identity, and four (all in civil partnerships but previously in heterosexual relationships) were uncertain and/or unwilling to assign a label to their sexualities. Participant ages ranged from 58 to 92 for women and 52 to 76 for men<sup>113</sup>. The mean age was 66 for women and 65 for men.

Bisexuality is not represented among the men in the sample, reflecting a broader under-representation of older bisexual narratives (Jones, 2011), but is among the women. The stories of the women participants reflect across a broad spectrum of non-heterosexual sexualities (Weston, 2009), involving various combinations of desire, performance and politics. Some participants in my study spoke of being ‘cradle to grave’ lesbians, some of moving between a bisexual and lesbian identity, some of an inner struggle and eventual surrender against a background of compulsory

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<sup>113</sup> Three participants under the age of 60 were interviewed in the context of a couple interview, with a partner over 60 also being interviewed. One man was 52.

heterosexuality (Rich, 1980), some of unexpectedly finding love with a woman in later life. Others had an uncertain sexual identity, speaking simply of being ‘in love with my best friend who happens to be a woman’ (Bridget, aged 66). Others were reluctant to be labelled at all. It is the narratives of these women which are encompassed under the non-labelling (NL) component of the LGBN acronym. By contrast, three participants were political lesbians, who had ‘given up’ men in the 1960s and 1970s and taken on a lesbian identity and lifestyle from a radical feminist political basis, and for whom identity discourse was central to their experience.

The diverse identification of the women participants has a number of implications: first it highlights the importance of reflecting upon the language used in recruitment and the potential to exclude some women in same-gender relationships who do not identify with the word lesbian; secondly, it indicates the importance of clarifying with interviewees how they understand their own identities; and thirdly it demonstrates the importance of conveying to social policy makers and service providers that ‘older lesbians’ are not one homogeneous group, and that their wide-ranging sexualities/sexual identities need to be recognized and understood.

### Ethnicity

All but one of the participants, an Asian-White identifying woman, identified as White: 57 as White British; two as White American (permanent UK citizens); and one as White Welsh. The absence of more individuals with Black, Asian and minority ethnic (BAME) backgrounds echoes the profiles of previous research (Grossman, 2008). This can partly be explained by demographics (Van Sluytman and Torres, 2014). The UK BAME demographic is shaped by migration patterns in the 1950s and

1960s. There are currently many more older, White British people than older people with BME identities in the UK, although this pattern will change as more recent migrants age (Harper, 2006). There are also issues which go beyond demographics: the production of 'race' in the research process itself (Held, 2009); older BAME LGBN individuals may be in different, and more complex, forms of hiding than older White LGBN individuals (Bakshi and Traies, 2011); they may be excluded by White networks through processes associated with racism (Davis, 2010); they may have social networks that deliberately, or by default, do not engage with White lesbian networks (Moore, 2006); there may be a reluctance to have their stories 'captured' by a White researcher:

Me as a person of colour giving my story to be 'processed' and 'consumed' by a white researcher, uncomfortably reproduces the dynamics of colonialism (Leela Bakshi, in Bakshi and Traies, 2011)

The under-representation of BAME participants, although doubtlessly informed by issues of demographics, also draws parallels with earlier feminist theorizing about 'difference,' including about 'race' (Brah and Phoenix, 2004). The question is how this should be addressed. This, in a sense engages with the insider-outsider dynamic (see Section 5.2) and this issue of whether non-members of marginalised communities could/should conduct research with those communities (Bridges, 2001). Given that the vast majority of UK ageing sexuality researchers are not from BAME backgrounds, there needs to be a middle way of collaboratively working with BAME LGBN individuals, possibly via Participatory Action Research (PAR) (Fenge, 2010), in order to sensitively find ways to collaborate in order to empower those marginalised voices.

Relationship status

In terms of relationships, 15 (42%) of the women were single, 20 (56%) in a couple, and one was in a long-term relationship with a woman who was permanently partnered with another woman. Of the men, 11 (46%) were single (one of whom was in a civil partnership, but separated) 12 (50%) in a couple, and one was still living with his wife, while openly identifying as gay, and also in different committed relationships with men.

In terms of parenthood, grandparenthood and great-grand-parenthood, of the women participants, 17 (47%) had children (from previous heterosexual relationships); 19 (53%) did not; 13 (33%) had grandchildren and 3 (8%) had great-grandchildren. Five women, including three who did not have biological children of their own, had step-children/grandchildren/great-grandchildren through previous or current relationships. Of the gay men, seven had children (29%), 17 did not (71%); and three had grandchildren (13%). Two men, including one who did not have biological children of his own, had step-children/grandchildren/great-grandchildren through a current relationship. The profile of the participants is fairly consistent with that of other studies, e.g. Heaphy et. al., 2004. Only a small number of participants were living less normative, non-couple based, polyamorous lives<sup>114</sup> (Barker and Langdridge, 2010), again reflecting the profiles of previous research.

Independent living status

In terms of independent living, 50 (83%) participants lived in independent accommodation, ten (17%), five women and five men, in sheltered accommodation.

Class/socio-economic status

In terms of class/socio-economic status, 31 (86%) women participants and 19 (79%) men participants owned their own homes, or co-owned them with partners; five (14%) women participants and five (21%) men participants (all single) rented their own homes. In terms of current/previous occupation, a large proportion of women (24, i.e. 67%) came from the professions (senior academics, head teachers, teachers, vets, nurses, social workers, community workers, probation officers) and/or were senior civil servants in local and national government, senior managers/executives for public sector/charitable organisations. Another had run a very successful business. The remaining eleven (31%) had worked in administration, social care work, for the postal service, and in alternative communities. The majority of men (21, i.e. 86%) had a background in the professions (lawyers, architects, senior academics, head teachers, teachers, social workers, alternative therapists etc.) and/or senior administrative roles in local/national government organisations. Two were additionally landlords, drawing an income from their tenants. Of the remaining three (14%), one participant, an ex-librarian had then run a business but had been made bankrupt, and was now in difficult financial circumstances; one had been a skilled tool maker; and one worked as a day centre driver. While there is an over-representation of the middle classes and

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<sup>114</sup> Julia, aged 69, who is in a long-term relationship with a woman who is also in a long-term relationship with someone else; Ronald, aged 60, who still co-habits with his wife and also has two long-standing intimate relationships with gay men.

the materially well-resourced, consistent with previous research (Meyer and Wilson, 2009), and an under-representation on those with fewer resources, there is still an opportunity for some comparative analyses, and insights to be drawn from how respondents with greater access to resources mobilise those resources in later life, in terms of the implications for both the more- and less- well resourced.

### Faith/Religion

Among the 36 women participants, fourteen (39%) had a self-identified active faith (11 'Practising Christian,' one each 'Buddhist,' 'Holistic,' and 'Pagan') and among the 24 men, nine participants (39%) had a self-identified active faith (all 'Practising Christian'). These figures are interesting, in that Christianity is in decline and only an estimated 20% of the UK population are practising Christians (Voas and Ling, 2009). This comparatively high level of representation of individuals of faith may be partly understood as a recruitment issue, as 'LGBT' faith groups were one of the social networks targeted during recruitment, and a higher proportion of participants from those faith groups, compared with other networks, responded. The comparatively higher proportion of people of faith might also be understood in terms of religion being of greater significance to older than younger people (Coleman, 2010).

### 3.2. Professional activists

This section describes the recruitment process and profiles of the 'Professional Activists' who were interviewed for the study. As outlined in Chapter One, in recent years there has been a surge of interest in older 'LGB' / 'LGBT' concerns, and a growth of specialist projects run with/for older 'LGB/T' individuals, both in the UK and overseas (Meyer, 2012; Knocker et. al., 2012). Professional activist perspectives are

relevant in two main ways: firstly in terms of equality of representation, and offering an analysis of how the voices and issues of older marginalised sexuality individuals are being represented by those acting on their behalf; secondly in terms of the insights that activism itself offers in terms of the intersection of ageing, gender, and sexuality in an equality context. I chose to interview activists both in the UK, and outside of the UK, partly to contextualise the UK perspectives, and also because ‘Older LGBT’ activism is much more widely developed (and differently funded) in USA, Canada and Australia, and so activists from these countries offer useful insights, and opportunities for comparison.

### *3.2.1. Recruitment*

The term activist has been used in its broadest meaning, i.e. *some person or group recognizes a problem and takes some action(s) to address it in order to create change* (adapted from Martin et. al., 2007: 38). The ‘Activists’ in the sample comprise academic, campaigners, lesbian and gay workers in services specifically for older ‘LGB/T’ people. Some of them belong to more than one of these categories.

The activists, located in the USA, Canada, Australia and UK, were recruited via targeted sampling (as I was seeking to access specific expert knowledge, see above), in three main ways. I approached academics in I already knew, or knew of, who had researched and/or written about ‘LGB/T’ ageing. I approached senior members of leading campaign organisations and/or service providers. This included either ‘LGB/T’ organisations representing ageing issues or ageing organisations representing ‘LGB/T’ issues, or the very small number of campaign organisations specifically

representing older ‘LGB/T’ people and their issues. I also approached providers of dedicated services for older people and/or older ‘LGB/T’ individuals.

### *3.2.2. Profiles*

For a full breakdown of the sample profile, please see Appendix B. Of the 20 activists who were interviewed, twelve were based in England, three in Canada, three in the USA and two in Australia. Seventeen interviews were conducted face-to-face. For logistical reasons, three were conducted by email, following face-to-face discussion. An activist in Wales went on long-term sick leave, withdrawing towards the end of the interview phase of my research. Another activist based in Scotland was interviewed, but left his employment before approving his transcript, and so his interview could not be included in the data. The 20 remaining interviewees comprised eight men and twelve women, all of whom mobilised lesbian, gay or bisexual identity discourse.

This is not supposed to be a representative sample. There are many other activists I did not interview, and many projects I was unable to access. While I tried to contact projects in Scandinavia, Berlin, New Mexico (USA), San Francisco and Los Angeles, their organisers did not get back to me, and I dropped them off my list out of necessity. But, although only a partial view, across the global north, it is across quite a broad spectrum: international, mixed gender, mixed sexuality, with individuals from a range of professions and backgrounds, working on older ‘LGB/T’ issues formally and/or informally. Findings from the activist data are explored further in Chapter Seven.



## 4. Interviews

This section addresses the interviews I conducted, both in terms of their format and methodological issues arising from them.

### 4.1. Semi-structured interviews

The interview is one of the key tools in qualitative research (Roulston et. al., 2003). It was used in this study, rather than a questionnaire survey or the use of focus groups, for example, in order to gain sufficient opportunity to explore the nuances of lived experience, particularly in relation to issues of identity and understandings of equality. Semi-structured interviews are seen as a middle-ground between the rigidity of set questions and the looseness of an unstructured biographical narrative interview. They ‘provide a way of exploring shifting nuances of identity by providing brief life-histories of the subjects’ (Weeks, Heaphy and Donovan, 2001: 201) particular aspects of which can then be focussed upon as they relate to the research topic. From my feminist empirical stance (Edwards and Mauthner, 2002), it was important to me to share the process of the interview conversation as much as possible, while still maintaining the focus of my research. Semi-structured interviews are, in theory, more empowering for interviewees and results in a two-way co-constructed narrative (Cotterill, 1992). In reality there is also often quite a lot of fluidity:

Semi-structured and unstructured interviews are really on a continuum and, in practice, it is likely that any interview will slide back and forth along the scale. (Denscombe, 2010: 176)

Semi-structured interviews are often criticised for implying false neutrality and masking the power the interviewer retains in determining the overall direction the interview takes (Cassell, 2005) how the interview data is subsequently analysed and

disseminated (Kvale, 2006). This however is a criticism of most qualitative research, which can be mitigated by the researchers' own reflective process and ethical practice (Ryan-Flood and Gill, 2010). Research narratives are 'always spatial, temporal and to a particular audience' (Gorman-Murray, Johnston and Waitt, 2010: 97). In other words they are performative and intentional, on the part of both those being interviewed and the person doing the interviewing (Bryman and Cassell, 2006: 52).

The research interview involves co-constructed narratives and as such 'complete detachment of the researcher from the person being researched is 'neither desirable nor achievable' (Perry, Thurston and Green, 2004: 135). The lack of detachment particularly with 'insider' interviewers (Acker, 2000) can risk assumed cultural understandings which may mask complexity and nuance (LaSala, 2003). I sought to overcome this by asking interview participants to clarify their meanings, especially the use of slang, explaining that it was to avoid this possible complication. I also sought to ensure that the interview participants could introduce their own agendas, by asking at the interview whether there were other topics they wished to raise (and there often were).

Both groups of participants were interviewed using a semi-structured interview model. While there were scripts for each set of interviews (see Appendix C), these were more a set of guidelines rather than proscriptive procedures. Interestingly, interviews were often characterised by the interviewees asking about me, particularly my sexuality identification, and what brought me to this research, emphasising again the importance of trust-building (Yip, 2008) in research of this kind. It also engages

with ‘insider/outsider’ research issues which will be addressed more broadly in Section 5.2.

#### 4.2. Interviewing ‘lay-people’ and ‘experts’

There were different power dynamics in the two sets of interviews, cohering around issues of ‘expert knowledge’ (Bolam, Gleeson and Murphy, 2003). With the older LGBN participants, I, with my academic background and perceived wider knowledge of the subject area was generally perceived as having comparative expert status. I sought to debunk this as much as possible, either by sharing my genuine sense of not understanding certain issues and/or sharing knowledge which the interview participant might not have and then inviting us to reflect on it together. I also sought to share my own life experiences (but not views) in order to humanise myself and establish rapport (Kitzinger, 1987). In other words I tried not to hold on to my knowledge as a source of power, but to diffuse it by sharing it with the interview participants and emphasising our common humanity. I found myself having to hold back when participants expressed views different from my own, especially with some of the men who regarded sexuality as ‘master status’ (Yip, 2005: 6.6), and gender as less relevant, for example. While not exactly dishonest (Herman, 1994: 15) it was nonetheless not totally frank, and this choice was made in the interests of encouraging participants’ openness and maintaining an interview’s flow.

By contrast, with the activists, many were experts in their field (academics, campaigners and practitioners) and in many ways more senior and/or knowledgeable than me. Establishing rapport in these ‘expert’ interviews (Mikecz, 2012), required a different set of strategies, combining both establishing my own knowledge base (to

give me credibility) and yet at the same time deferring to the greater expertise of the expert witnesses (some of whom needed more deferment than others!) I quickly learned to hold back when participants were apparently misinformed, to avoid shaming, and silencing them, because, while some 'expert' interviewees regarded the interviews as an opportunity for mutual learning, others clearly did not. In both sets of interviews, I found myself reflexively monitoring throughout and adjusting/attuning my responses in an attempt to stabilise the state of play of the power (in)balance between the participants and myself. This issue will be addressed further in Section 5.2.

#### 4.3. Anticipatory narratives

In one particular section of the interview with the older LGBN individuals, they were asked to think about future care needs and future care spaces. Only one participant was in receipt of domiciliary care in her sheltered accommodation. Participants were then, on the whole, discussing anticipated care needs (Jones, 2011; Pugh, 2012), rather than their own personal experiences as recipients of older age care provision. This reflects, in part, a pragmatic response to the difficulty of identifying older LGBN individuals in receipt of care (Knocker, 2013). There are both advantages and limitations to an anticipatory narrative approach to care (Ward, Rivers and Sutherland, 2012). Most significantly, care that is anticipated is not necessarily a reflection of care as it actually is now, or will be, received. Moreover fears and concerns about care may be informed both by an older individual's heightened sense of fear (irrespective of sexuality) (Ziegler and Mitchell, 2003) and/or previous

experiences of institutional discrimination towards LGBN individuals (River and Ward, 2012) which may no longer be relevant in the present day.

On the other hand, an anticipatory narrative approach offers several advantages, not least of which is the framing of an individual's views about their future within the context of the meanings of her/his personally constructed life story (Pugh, 2012). Moreover, as this study shows, anticipatory research, while it inevitably involves partially constituted imaginings (Jones, 2011), such imaginings can also be informed by direct and/or indirect experiences. Many of the participants' concerns about their future care needs were informed by witnessing others' experiences of care, having supported friends, lovers, partners and extended family in older age residential settings. In addition, six of the participants had worked/were still working in care services for older people. In this way their anticipations are projections and reproductions, and are based both on hopes and fears and actual experiences.

## **5. Methodological Challenges**

This section considers four main methodological issues which arose during the course of my empirical research, namely: researching one particular hidden population i.e. older LGBN women; insider-outsider dynamics; issues of confidentiality; and research which draws upon anticipatory narratives. Each will be addressed in turn.

### **5.1. Researching hidden populations**

Recruiting men proved relatively unproblematic, with the majority of the men interviewees initiating direct contact in response to online advertising and marketing. Recruiting women participants proved more complicated (Westwood, 2013). Not wishing to duplicate the over-representation of gay men (outlined in Chapter One) in

my previous research, I drew upon authorship on the general challenges of recruiting lesbians of any age (e.g. Fish, 1999; Fenge, 2010; Rothblum, 2010) and more specifically with regard to the recruitment older lesbians (Traies, 2009 & 2012; Averett, et. al. 2014).

Jane Traies (2012) has argued in particular that older lesbians are not merely a hidden population, but a population in hiding, i.e. they are not only difficult to find, they may not want to be found. Many older lesbians have lived their lives 'below the radar' (Robson, 1992: 184), some not even identifying with the word/label lesbian, others in clandestine communities, screening for, and keeping out, those who do not have shared values and cultural identities. I realized that their screening process was filtering me out. I also began to recognise my own part in this: as a woman who came out in midlife, with a mixed social network, and no particular affiliations to lesbian networks, especially older lesbian networks, I was not known within those networks. I had to understand, and engage with, the social networking style of older lesbians in order to gain access to them (Barker, 2004). I had to become known, establish my credibility, and develop insider status in order to gain trust (Yip, 2008).

Following this reflective process, I modified my approach. Instead of just sending out formal emails and advertisements and 'cold-calling' group leaders with information sheets, I telephoned anyone who I was hoping to use as a gatekeeper (McAreavey and Chaitali, 2013), said something about myself, and my research, before then sending that person the promotional materials. I often went to meet them. I attended older lesbians' meetings and workshops and introduced myself and my research that way. Most of all, I placed greater emphasis on snowballing, asking

interviewees to recommend me to other possible interviewees. Older lesbian networking centres upon word of mouth introductions and recommendations (Browne, 2005) and not surprisingly, this proved to be the most successful route to eliciting research participants (Barker, 2004: 38). In the end I recruited over my target figure for women participants, and, with greater time and resources, could have interviewed many more. One of the lessons I have drawn from this is that in future research projects with older LGBN individuals, I would seek to employ a more participative approach (Westwood, 2013).

### 5.2. Insider/outsider dynamics

There is a significant body of research on insider/outsider status in research contexts (Acker, 2000). ‘Insider research’ refers to:

When researchers conduct research with populations of which they are also members... so that the researcher shares an identity, language, and experiential base with the study participants...This insider role status frequently allows researchers more rapid and more complete acceptance by their participants. Therefore, participants are typically more open with researchers so that there may be a greater depth to the data gathered. (Dwyer and Buckle, 2009: 58).

By contrast ‘outsider research’ (Minkler, 2004) originated in the arguments of people from marginalised communities that people outside of those communities (‘outsiders’) should not conduct research on/with them because an outsider ‘*cannot* understand or represent accurately a particular kind of experience... [and]... they *should* not do so’ (Bridges, 2001: 372) (his italics).

Although discursively mobilised as a binary, notions of insider-outsider often involve engaging with the third (hyphenated) space between them, and with simultaneous plurality of positions as insider/outsider of both the researcher (Tang,

2006) and the researched (Jodie Taylor, 2011) for whom insider/outsider are 'neither unitary nor fixed categories; they can be partial, and they can shift across the course of a research project' (Wilkinson and Kitzinger, 2013: 251).

The issue of insider/outsider status arose in my research in several key ways. Firstly, in researching gay men, I was aware that, by default, I was only interviewing those gay men comfortable speaking to a woman/lesbian interviewer, given that those who were not (Lee, 2008) would have self-selected themselves out of participating. In this sense I was both an insider in terms of my ageing and my lesbian identification, but an outsider, in terms of not being a gay man. And while my 'genuine and respectful enquiry' (Bridges, 2001: 372) as an outsider researcher might offer unique insights (Homfray, 2008), I may also have inadvertently silenced some aspects of these men's (already silenced) lives (Barker and Langdrige, 2010), because of my inadequate appreciation of, or openness to them. I noticed for example, that sex was discussed very little between us, and I imagine that if the researcher had been a gay man this would have been discussed more openly (Lee, 2008).

Being a woman, and a lesbian, doubtlessly contributed to the smooth and easy conversations with the women participants (Finch, 1984). Many of the interviews involved food, sometimes some splendid spreads, very generously prepared for my arrival, and there was often a strong sense of a shared process with the women, more than with the men. My own openness to the complexity, subtlety and multiple contingencies of women's LGBN discourse and performance (Weston, 2009) meant that I was open to a wide range of approaches to self-definition, and this certainly led to highly reflexive conversations.



But, as well as commonalities, there were differences between us, which raised tensions at time. For example, I felt particularly awkward interviewing women living in relative poverty and/or isolation (Finch, 1984) when my own material and social circumstances are comparatively comfortable. A further dimension of difference was in relation to age itself. In an interview with Sally (aged 73), who was speaking about her frustrated love life, I was referring to ‘us’ as both being single older lesbians, and she remonstrated with me, with some force, ‘It’s OK for you, you’ve still got options. Mine have all run out!’ I had failed to recognise that my identification as an older lesbian, in my late fifties, was very different from hers, in her seventies. Ironically, I had failed to take age into account in the research process (Lundgren, 2013) and I had made the error of assuming greater commonality than we actually shared (Bell and Nutt, 2002).

This also echoes Acker’s (2000) observation that we are not always immediately aware of where we are located in the insider-outsider spaces at the time. So, in the interview with Sally, my insider status (as a lesbian) facilitated our conversation, but our respective outsider statuses (me as a relatively younger women, she as a relatively older woman) also created tensions. Fortunately we were able to repair this in the interview with Sally, by acknowledging this, which subsequently opened up a new seam of discussion about diversity within and among older lesbians, and about the significance of age differences between them.

A further tension arose in terms of the relationship between academics and activists. While on some occasions I used the researcher role to validate my position, to give me legitimacy and credibility (Wilkinson and Kitinger, 2013: 251), at other

times this turned out to be counter-productive. When I was about to give a talk at a focus group (in order to hopefully recruit some research participants), one of the older lesbian participants declared ‘We don’t want any academics here! What have they ever done for us?!’ This experience resonated with me in terms of the tensions involved in occupying two simultaneous positions, as a professional researcher and as an individual with an emancipatory agenda (Bell and Nutt, 2002). It also echoed earlier authorship on the long-standing mistrust among older lesbians in particular who find their narratives being ‘used’ by younger lesbians to further their academic careers (MacDonald and Rich, 1991) and on academic-activist tensions in other contexts (e.g. Southall Black Sisters, 1990). In the focus group, and some of the interviews, I experienced a sense of being an ‘outsider within’ (Collins, 2000). In this way I found myself occupying multiple insider-outsider statuses at the same time (Valentine 2007).

In response to this simultaneous insider-outsider experience, I mobilised a number of strategies (Wilkinson and Kitzinger, 2013: 251) which involved emphasising or minimising particular aspects of my social identity according to whether or not they would be facilitative to the interview process (Duncombe and Jessop, 2002). This fell short of being a covert research strategy (Spicker, 2011) but did involve maintaining a fine line between not lying and not telling the whole story (Herman, 1994). I also used reflexivity within the research interview itself, i.e. acknowledging insider-outsider issues, as a means of maintaining and/or repairing the interview relationship if outsider status posed a threat to interview rapport. In this

way I was able to mobilise, though reflexive processes, the dual opportunities and challenges of insider-outsider dynamics, to maximum research advantage.

### 5.3. What's in a name? Anonymity in sensitive research

The maintenance of research participant anonymity has generally been regarded as the backbone of ethical research (Kaiser, 2009). While much of methodological authorship has focussed on how to maintain confidentiality and the circumstances under which it might be necessary to breach confidentiality (Guillemin and Gillam, 2004), more recent authorship has interrogated the extent to which confidentiality is necessary and/or desirable (e.g. Yu, 2008), particularly when some research participants may not want it (Giordano et. al., 2007). This is particularly relevant in relation to the professional framing of marginalised voices (Ryan-Flood & Gill, 2010) when the owners of those voices themselves wish to be identified (Davies, 2014), as well as the historical value of documenting 'marginal' lives and stories.

This issue arose during my research when three participants expressed the wish for their real names to be used instead of pseudonyms in any written dissemination of the research. For two men, this was in the context of a lifetime of political activism underpinned by the importance of visibility in achieving lesbian and gay rights. For a woman (who had a complex and traumatic life story, and had re-named herself as part of her re-negotiation of a (more stable) radical separatist lesbian identity in later life) owning her name was both personally and politically important.

While confidentiality is generally regarded as a means of protecting research participants from unnecessary exposure and associated negative consequences, especially in the case of sensitive research, not all research participants want it (Reid,

2012). Although research participants are given very clear choices about continuing to participate or withdraw from a study, they are rarely given similar choices about anonymity or non-anonymity (Giordano et. al., 2007). Despite being a basic principle of confidentiality, law and ethics that confidentiality can be waived by consent (Gallagher and Hodge, 2012), there can be an assumption by researchers that research participants cannot appreciate and/or evaluate risks for themselves (Blake, 2007). This is a particularly paternalistic view, which has been described as ‘condescending ethics’ (Eikeland, 2006: 37).

Some research participants may feel ‘that they ‘lose their ownership’ of the data when anonymised’ (Grinyer, 2002:1). This can marginalise participants from the research process, which can be of particular significance for research with those who are already marginalised (Reid et. al., 2011). Yet at the same time, the researcher has to balance these concerns with also needing to maintain the integrity of the research and ensure that the research does not threaten the well-being and/or integrity of participants in ways which may not always be immediately foreseeable (Wertz et. al., 2011). The researcher has a responsibility to talk through the implications for research participants should they wish to waive anonymity (particularly if they have performed illegal acts). Anonymity can also be important to the researcher’s own analytical processes, supporting a researcher in being able ‘to draw conclusions about data that may also be unfavourable to the participants’ (Vainio, 2013: 694). So there has to be a balancing act on the part of the researcher, weighing up the respective advantages and disadvantages of participant anonymity (Tilley and Woodthorpe, 2011).

From a feminist perspective I was keen not to unnecessarily hold on to power and control and to engage with research participants ‘as genuine partners... and not mere objects’ (Holstein and Minkler, 2007:26). But at the same time I was concerned about one individual who had been quite open about previous criminal activity, and the impact that this being exposed might have not only upon that person at a future point, but on that person’s family members as well (who might also be identifiable). I was also concerned about participants’ future selves, who might retrospectively wish anonymity. As the primary producer of the research, I wished to ensure there would not be future repercussions for me, as a result of participants choosing to waive their anonymity, particularly if something changed for them in the future. I cannot deny that I also had in mind the complications which would arise from me needing to go back to the university’s research ethics committee to seek permission to change confidentiality boundaries in my ethics application. I also thought that if I offered it to Bob, Martin and Cat, I would also have had to, in fairness, offer this option retrospectively to all of the other research participants, which could have been extremely time-consuming and involved a lot of extra work (Grinyer 2002).

In this way, in retrospect, I can appreciate how my own agenda about the research process (Bell and Nutt, 2002) in terms of time pressures, and the institutionalised ethics review process, with its protective stance towards research participants (O’Reilly, Armstrong and Dixon-Woods, 2009), and pragmatics as much as ethics, played a part in my decision-making. Ultimately, I made my decision based on the fact that anonymity and the use of pseudonyms was a condition of my research process, to which each the participants had signed up. I proposed a compromise. I

would name the three individuals in the Acknowledgements section of my thesis but not in the main body of the text. Everyone agreed. For Cat, who had renamed herself as part of her feminist journey, I also offered her the choice of choosing her pseudonym, although she declined.

These issues have highlighted the complexities and nuances of confidentiality and the importance of not taking a blanket approach to confidentiality boundaries. There has to be room for discussions around confidentiality and wherever possible, 'decisions must be co-created, contextualised and transparent' (Reid et. al. 2011: 206). There has to be a balancing act on the part of the researcher and research participants, weighing up the respective advantages and disadvantages of anonymity (Tilley and Woodthorpe, 2011) for research participants and researchers.

## **6. Data Analysis**

This section describes the data analysis methods I deployed and outlines the key thematic areas which I have drawn from the data.

### **6.1. Thematic analysis**

Thematic analysis (Guest, MacQueen and Namey, 2012) is one of a number of subtly different ways (Creswell, 2007) qualitative researchers identify, analyse, and report patterns within data (Mason, 2006). I chose this approach because I wanted to make an interpretive analysis (Boyatzis, 1998) without then generalising it into an overarching new theory, as in grounded theory (Charmaz, 2011), for example. I used the staged approach to thematic analysis as described by Braun and Clarke (2006). I identified themes in a number of ways: for the frequency of their presence; for the significance placed upon them by (some) participants; for the ways in which they

complicated one another; and for their saliency and significance (Buetow, 2010) even if only articulated by a small number of participants (e.g. radical lesbian separatist perspectives). The central themes which I have identified are outlined below.

## 6.2. Thematic overview

In my analysis of the data I identified a number of central themes. Firstly, the significance of temporality and spatiality for issues of equality in relation to ageing, gender and sexuality. The significance of temporality is particularly evident in terms of: the productive power of the past in shaping present subjectivities; the significance of intergenerationality for recognition (among older lesbians) and resources (among all participants) in terms of informal social support in later life; and the presence of the (gendered) past informing uneven access to recognition and resources in later life (see below). The significance of spatiality is demonstrated most clearly in relation to participants' narratives about anticipated future care needs and their associated concerns about inequalities associated with older age care spaces, informed in turn by participants' previous experiences of institutionalised heteronormativity and homophobia (or not).

The second major theme relates to the great diversity of experiences among older LGBN individuals in terms of the discursive and performative production of their sexual identities/sexualities, both retrospectively and in the context of ageing. In order to provide a conceptual framework for these diversities, I have developed a cohort model which takes into account the differing engagements with, and accounts of, LGBN sexual subjectivities. This model highlights in particular how the intersection of gendered age standpoints (i.e. generation; personal chronological time

and life stage at which an individual engaged with a same/both/fluid sexual identity sexuality) and socio-historical time (i.e. a particular era and its social, legal and cultural contexts) serve to produce different discursive and performative possibilities for (now ageing) sexualities and kinship formations.

The third major theme relates to uneven access to recognition, resources and representation in later life, both in terms of differences between older LGBN and heterosexual-identifying individuals, and between and among older LGBN individuals themselves. This uneven access is, I shall argue, informed by gendered age standpoints and by cohorts. I will show through my analysis how the retrospective past matters for access to resources and recognition in the present day, in terms of kinship construction, and in regard to anticipated care futures. I also show how there is, among activists, an uneven representation of the gendered age standpoints of older LGB/LGBN individuals, and of their previous lives, present experiences and future concerns. I propose that this uneven representation privileges the narratives of older gay men and marginalises the narratives of the older lesbians, bisexual women and men, and non-labelling women in my study.

This analysis answers the central question of my thesis ('How do ageing, gender and sexuality shape equality in later life?') in several ways. Ageing, gender and sexuality produce inequalities relating to resources, recognition and representation in later life. These inequalities are informed by gender and class, by temporality and spatiality, and by their intersections, often working with and through each other to produce uneven outcomes. These inequalities of resources, recognition and representation also work with and through one another to produce uneven outcomes:



resources both inform and can act as buffers to (gendered) issues of recognition in older age; recognition can itself be understood in terms of resources (visibility and cultural value) in later life; and resources and recognition inform whose voices, and how, are represented/misrepresented by activists working with/on behalf of older LGBN individuals.

These themes are traced across four thematic analysis chapters. Chapter Four introduces the age standpoint/cohort model which I have devised, and addresses ageing subjectivities, in particular the productive power of the past in relation to the construction of ageing sexualities. It highlights the diversity, complexity and contingencies of ageing LGBN lives and the plural understandings of ‘before and after’ for the women participants and the binary understanding of ‘before and after’ for the men participants. This in turn enables me to unpack the way past and present interact with the intersections of age, gender and sexuality to produce and inform the different experiences of individuals. This engages with the complexities of sexuality and identity that my cohorts highlight, and offers more nuanced understandings of not only ageing sexualities but of sexualities and temporality more broadly

Chapter Five addresses ageing LGBN kinship construction, through the lens of the cohort model. It highlights how attitudes towards same gender relationship recognition among participants are informed by age standpoint/cohort and how issues of intergenerationality (linked to age standpoint/cohort) in particular inform uneven access to (gendered) recognition and resources (informal social support) in later life. It also offers insights into how older LGBN plan to dispose of their assets when they die (through discussing their Wills), complicating and contradicting ‘family of choice’

narratives by showing a range of kinship forms, the presence of duty and responsibility in kinship constructions and a privileging of the biological family on the disposal of material assets.

Chapter Six addresses anticipated care futures. I show how, when considering possible future care needs, participants were most concerned about a lack of informal social support and about the quality of care in the formal care spaces where those care needs might be lived out. Concern about quality of care related to standards of care for all older people (and a lack of choice and control over the end of life) and standards of care for LGBN individuals. I propose that ageing has the potential to relocate older LGBN individuals into spaces of inequality at a time in their lives when they may be less able to resist such inequalities, but that at the same time their resistance (or, more specifically intergenerational ‘pay-it-forward’ resistance) has the potential to change the care spaces about which they are so concerned.

Chapter Seven addresses representation by activists. It considers the discursive production by activists of LGBN individuals’ ageing issues and concerns and activist strategies on their behalf. I argue that activists’ representations and strategies only partially reflect and address the issues raised by the older LGBN participants in my research. In particular, the narratives of LGBN women, of individuals who do not mobilise sexual identity categories to describe their sexualities, and of individuals (more often women) who have engaged with LGBN sexual identities/sexualities in later life, are under-represented. I suggest that the strategic mobilisation of collective identity and community narratives, within the context of a liberal rights model, serves

to give voice to a narrow set of narratives, and is invested in excluding other voices of diversity and dissent.

## **7. Concluding Remarks**

This chapter has described and outlined the methodological components of my empirical data collection, addressed methodological challenges, and outlined the thematic structure of my thesis. The next four chapters offer thematic analyses of the data. The first of these chapters, Chapter Four, offers an analysis of the data in relation to past and present subjectivities, and introduces the new cohort model which I have developed, based on my analysis of the data.

## **CHAPTER FOUR: AGEING SEXUAL SUBJECTIVITIES**

### **1. Introduction**

This is the first of four thematic analysis chapters. This chapter focuses on older LGBN individuals' ageing subjectivities, the significant of temporality for those subjectivities, and, in particular, the productive power of the past in relation to the construction and experiences of them. My analysis deepens understandings of the diversity among and between older LGBN individuals, both in their accounts of their sexual subjectivities, and those subjectivities in the context of ageing. My arguments here are threefold. Firstly, I build on my proposal, as outlined in Chapter One, that the previous models of lesbian and gay or 'LGB' ageing sexualities have failed to take into account the diversity of those ageing sexualities. I have developed a cohort model, introduced in this chapter, which, I suggest, improves on previous cohort models by accommodating both identity-based and non-identity based accounts of sexuality, as well as locating those varying accounts in gendered age standpoints and temporal contexts.

My second argument builds on the first. By approaching the participants' narratives through my cohort analysis, I capture the interaction of past and present across ageing sexualities in a fluid way (rather than by reference to one particular historically specific event, i.e. Stonewall). In so doing, I highlight the plural understandings of 'before and after' (in terms of 'coming out' and/or forming a same gender sexual relationship) for the women participants and the binary understanding of 'before and after' for the men participants. Thirdly, this, in turn, enables me to unpack the way past and present interact with the intersections of age, gender and

sexuality to produce and inform the different experiences of individuals on the basis of their life histories. This engages with the complexities of sexuality and identity, offering more nuanced understandings of not only ageing sexualities but of sexualities and temporalities more broadly.

In Section Two, I introduce the new cohort model which I have developed. In Section Three, I consider the discursive production of ageing sexualities in the context of that cohort model. In Section Four, I consider how ageing is experienced and understood in the context of those sexualities.

## **2. New older LGBN cohort model**

In this section, I introduce and outline the new cohort model which I have developed. The spread of ages among participants serve to highlight how there is not one homogenous ageing block of older LGBN individuals, but rather successive waves of generations who came of age (i.e. reached adulthood, Hammock and Coehler, 2011) during different eras and those who ‘came out’ and/or formed a same-gender relationship, at different ages during different eras. These different timings, both personal and socio-historical, inform how (now ageing) sexualities are discursively and performatively produced, and how they are experienced. As Audrey observed,

I think it's a generational thing, but not in the exactly obvious way, because there might be two women of my age, one of whom has been a lesbian all her life, so let's say she was a young butch lesbian, to we can really get the oppression in there, in the 1950s. She's going to have a very different sense of self and very different picture of how it is to come out, to a woman of the same age, in her 60s perhaps, who was married and had children and didn't come out until she was 50, in 1990, when being a lesbian was a whole different thing. (Audrey, aged 67)

This extract highlights the significance of temporality for ageing sexual subjectivities. Audrey identifies multiple differences between two older lesbians of a similar age and

generation: the chronological age at which they ‘came out’<sup>115</sup>, one woman in her teens, the other in her sixties; the socio-historical eras in which they did so, one woman during the oppressive 1950s, the other in far more liberal and inclusive recent times; and the life stage and life history through and against which they did so, one woman on the cusp of adulthood, the other in very late adulthood, possibly with children and grandchildren. Audrey also flags the issue of gender non-conformity and oppression, the accumulated effects of which will have influenced the lesbian who has been ‘out’ for longer. This diversity of narratives is often lost in generic ageing LGB/LGBT discourse, and it is this diversity which I have sought to capture in my cohort model.

The cohort model I have developed involves five different types of identity/performance narratives among the participants: ‘Out Early’; ‘Breaking Out’; ‘Finding Out’; ‘Late Performance’; ‘Lesbian by Choice.’ It also identifies a further conceptual cluster (‘Voices on the Margins’), which refers to those voices of non-participants partially heard through the narratives of the participants. A full analysis of all participants by cohort, and a commentary on decision-making in cohort allocation is provided in Appendix D. Each of the cohorts will now be outlined.

### 2.1. ‘Out Early’

Cohort One, ‘Out Early’, involves an early identity and concurrent performance narrative. This cohort comprises lesbians and gay men who use an ‘I always knew I was lesbian/gay’ identity-based narrative and describe always having had exclusively same-gender sexual relationships. For example, Moira, aged 75, has been with her

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<sup>115</sup> A concept which itself is located in certain cohorts, as I shall explore later.

civil partner for over 30 years. She has always identified as lesbian and said she had only ever had sexual relationships with women: 'I'm a cradle lesbian. I was a lesbian at the age of three ... I fell in love at the age of nine for the first time' (Moir, aged 75). Similarly, Lawrence had sexual encounters with boys at his boarding school, and afterwards, 'I just carried on, as it were' (Lawrence, aged 63). Out of the sixty participants, sixteen came into this category: eight women and eight men, aged between 52 and 75.

## 2.2. 'Breaking Out'

Cohort Two, 'Breaking Out', comprises lesbians and gay men who use an 'I always knew I was lesbian/gay' identity-based narrative involving an initial awareness of, and struggle with same-gender desires before eventually reaching a resolution. For example, Jack, aged 66, 'came out' as gay when he was thirty, after he left his home area and went to university as a mature student.

I had gay feelings and I went to an all-boys school, and you saw boys mucking about that sort of thing, and to me, I felt, it's a phase, sort of thing. Well as the years went by, it wasn't a phase, and I started to feel guilty... So I just, even though I felt I was definitely gay, I became jack the lad, went off with women all the time... And I came up here to university... there was freshers' week and there was gay students union stall and I thought, ooh, I can't go to it, I was too frightened. And I went to a pub one night and got frightened and didn't go back for a few months... then went to bars again, had sexual experiences with men and I just knew what was going on in my mind was true... And then the next freshers' week I was running the stall! And I've never looked back. (Jack, aged 66)

Diana, aged 69, came out in her 20s, in the 1960s identifying as lesbian ever since.

I was born in 1943. I knew there was something different about me. I had boyfriends. I was engaged, all that sort of thing. I didn't know there was anything other than heterosexuality, because that's all there was. But I knew I was different... I had boyfriends while I was in the Navy... I really believed that whatever my feelings were, they were just some sort of cross to bear... in my diaries... I see my struggles at the time were my

attractions to other women. I got friendly with a woman ... it was normal, if you had a friend to stay, you shared a bed. And it happened, the second or third time we shared a bed, and it was the most natural thing in the world. And we thought we were the only ones [laughs]. In retrospect, we knew that other people knew, and there was this secret society in the Navy as well... I was then taken to this club... there was that butch and femme thing, and when I went out with [another] woman, she was butch, and I had to dress as femme... you had to be one or the other. There were all the heterosexual rules of male and female. (Diana, aged 69)

Out of the sixty participants, 22 came into the 'Breaking Out' category: nine women and thirteen men, aged between 52 and 75.

### 2.3. 'Finding Out'

Cohort Three, 'Finding Out', involves narratives about a retrospective lesbian, gay or bisexual identity, discovered - post-heterosexual identification and performance - through same-gender sexual performance. Among the men participants this discovery was articulated in terms of a gay identity. For example, Frank, aged 70, was married with two children: 'I always knew I was gay, but only in retrospect.' Only when addressing his alcoholism in his 40s did Frank also address his sexuality and he came out as gay - 'this eased the constant pain from acting straight... I have 26 years of sobriety and being gay is personally still a significant part of my recovery.'

Among the women participants 'Finding Out' was sometimes described in terms of a sexuality identity discovery narrative. This was sometimes in terms of a changing identity narrative ('I think I was bisexual, but the lesbian side of me I didn't really want to look at.... I see myself as lesbian now,' Maureen, aged 62); sometimes as an eventual conclusion after shifting back and forth between sexual relationships with women and men ('and then I realised...' Rachel, aged 64), sometimes promoted by a particular romantic relationship ('But then I fell in love with a woman, and then I



knew what love was...' May, aged 64), sometimes mobilised as a convenient descriptor of behaviour ('I suppose bisexual was a convenient label for me to use while I was still living with a man,' Bernice, aged 60) and/or a strategic political identity ('I tend to say lesbian... But if we're simply talking about who I could end up in bed with, then the reality is it could be either.' Vera, aged 60). While these are very diverse narratives, and meanings, for sexuality, what these women, and men, have in common, is that there is a theme of discovery in all of their accounts, rather than one of previous, conscious, struggle and then resolution ('Breaking Out'). Out of the sixty participants, fourteen came into this category: eleven women and three men, aged between 60 and 92.

#### 2.4. 'Late Performance'

Cohort Four, 'Late Performance,' involves the accounts of individuals (five women aged between 64 and 69) who have identified and performed as heterosexual for the majority of their lives and then, in later life, have formed same-gender sexual relationships. They either do not identify as lesbian/bisexual/gay, locating their sexualities in depoliticised performative discourse, and/or are ambivalent about mobilising a sexual identity discourse. For example, Marcia, aged 66, had been in heterosexual relationships before meeting her civil partner Angela, six years ago:

I just happen to have fallen in love with a woman, but I don't think I am [lesbian]. I suppose society sees me as that, because I am in a civil partnership. But I don't identify as that. I've dated plenty of men ... I've never thought of myself as 'a lesbian' or having a coming out, never had any repressed sexual feelings that I couldn't talk about. And I think if I met a guy that has the same qualities that Angela had, I'd have been perfectly happy with him. (Marcia, aged 66)

I don't know if I am a lesbian, I really don't know. Am I a lesbian? All I know is I love Tessa, I love her to death... there's a very broad spectrum, isn't there? Because I lived as a heterosexual all my life, I didn't know as a

child I was different, I didn't know as a young adult, middle adult, listening to lesbians talking, there's always been an innate knowledge, a recognition, even if it was denied. I've never had that recognition, but now I'm in that relationship, I guess I am, so maybe I've just answered my own question. (Ellen, aged 64)

The women in this cohort describe a relationship-driven narrative of same gender sexuality that they do not locate in an identity context. For some (like for Marcia) it is gender-neutral. For others (like Ellen) it is more ambivalent.

### 2.5. 'Lesbian by Choice'

Cohort Five, 'Lesbian by Choice,' by contrast, is very much a politicised, chosen, identity involving an elective lesbian-identified performance narrative. This cohort applies to only three women participants, aged 62, 63 and 66 respectively. It is included not because of its frequency in the sample, but because of its particular salience to the overarching story of the data (Buetow, 2010) and the frequent absence of these narratives from discourse about ageing LGBN lives. Each of the narratives were from women who chose to 'give up' men and assume a lesbian identity in pursuit of their radical feminist goals of resistance to patriarchy (Jeffreys, 2003). Frances had lived an exclusively heterosexual orientation and lifestyle and had been briefly married to a man in her early twenties. She had to 'learn' how to be a lesbian when she made her political choice in her late 20s, in the mid-1970s:

[I was at] a women's centre... and that's where I became a feminist, and that's where I became a lesbian. For me the two are integral, I can't separate my feminist politics from my sexuality. ... I realised that I would never have an equal relationship with a man. And I thought, well, that only leaves me with one other choice... Up until that point I didn't even know that there was such a thing as lesbianism and no idea that women could love women... If I wasn't going to be in sexual relationship to men [sic], what was my other choice? It was either to be celibate, which was not very appealing, or to at least explore the idea of being intimate with women and ... [in the end]... It was very easy, my first woman lover was

kind of in the same situation as me, so we kind of just held each other's hand through the whole thing. (Frances, aged 66, 'Lesbian by Choice')

The other two women came from a place of having previously had sexual relationships with both women and men, and then deciding to be women-exclusive. Jennifer decided to 'give up men' based on her radical feminist ideology, and assumed a lesbian identity and lifestyle in the late 1970s:

I was a political lesbian... I just made the choice to give up men. For all sorts of reasons, you know, it was the argument that I wanted someone who knew how to clean the toilet, and someone who didn't want me to cook for them, that sort of thing... You see there are so many stories about 'I fell in love with a woman and there just was no choice', which is fine, it just wasn't what happened. I fell in love with lots of women and nothing happened, and I got off with lots of men, and I daresay I was in love them, some of them, at various points. I mean this was the era when one did have lots of partners. And then I decided, no, I'm not going to have anything more to do with men... So I gave up men. I didn't have any problems fancying women... (Jennifer, aged 62, 'Lesbian by Choice')

Cat was previously married to a man, but then embraced radical separatist feminism in her mid-30s, through a combination of falling in love with a woman when she was married (having had sexual relationships with women when she was younger) and engaging with the women's peace movement in the 1980s:

When left my marriage, I lived for a year without any interaction with a man. I had no male interaction at all. So, if there was a male bus driver I wouldn't get on a bus. If I went to a shop and there was a man there, I wouldn't buy the product, I'd come out. So, for a whole year of my life, that's how I lived it...Because I wanted to know whether I actually could live without men in my life. Because whenever they'd been in my life it was either to exploit or abuse or to deceive, except my dad, who was a bit of a plonker. And that's why I changed my name and everything, because I didn't want to have anything to do with patriarchy. (Cat, aged 63, 'Lesbian by Choice')

Cat highlights the very explicit location of her lesbian identity in terms of resistance to patriarchy. These women are distinguishable from participants in the other cohorts in that their understandings of sexuality are in relation to both fluidity and choice, and

as located in gender power politics, rather than fulfilling desire or romantic feelings and attachments (Kitzinger, 1987). Notably, for Frances, such an elective narrative is often marginalised:

I mean, when I told my coming out story to a woman who is probably late thirties? She really didn't believe me. She didn't believe that becoming a lesbian could be a political choice. She'd always been attracted to girls when she was younger, so, for her, it wasn't an issue and she came out at a time where it wasn't an issue. So, she, I mean literally, her jaw dropped and she looked at me as if I were telling her a fable. It took quite a while for me to convince her that, no, it was absolutely true, and that I wasn't the only one. (Frances, aged 66)

This silencing of an elective politicised identity is significant in the context of this thesis, for its even greater under-representation among activists (see Chapter Seven), and the marginalisation of gender issues within an 'ageing LGBT' rights movement.

## 2.6. 'Voices on the Margins'

This category is not a cohort as such, describing, as it does, absent or only partially glimpsed experiences of non-participants whose hidden lives are alluded to in participants' narratives. This includes: older married men who engaged in sexual relationships with the gay men participants; older LGBN friends of participants who are concealing their sexual identities/sexualities in sheltered housing and/or care accommodation; and those women living lives of compulsory heterosexuality, who might, at some point in the future, engage in same-gender relationship:

I am amazed at how many people we have met, and in [local lesbian group]... who said they had been married and they were now – I thought I was the only one who was married, you know. [It's] fabulous, absolutely fabulous. And then it makes me think, well how many more are out there? Come on out girls! Let's get them out! Away from the kitchen, get out! (Ellen, aged 64, 'Late Performance')

The purpose of this category is to keep in mind the narratives which this study – and many other LGBN studies – does not capture, and to create a space, which I shall

return to at the end of this thesis, to consider the implications of those unheard voices. The first five cohorts, by contrast, will be used for analytical purposes across the entire thesis.

## 2.6. Discussion

These cohorts suffer the inevitable limitations of all cohort discourse: the risk of homogenisation, over-generalisation and over-simplification, and the temptation to smooth over the edges of those narratives which do not easily slip into a particular category. This cohort model nonetheless offers a convenient shorthand to think of the different timings and ways in which individual participants construct an LGBN identity/sexuality. It also affords useful conceptual space to be able to think about the different ways in which those sexual identities/ sexualities are experienced in relation to ageing. Its particular strength is its ability to take into account the different temporal contexts of ageing sexualities and the narratives of both those individuals who engage with identity-based sexuality narrative, which may or may not be politicised, and those who engage with more fluid and/or performative narratives.

The model could be used by other researchers, and applied in different contexts. Its parameters are clearly described and my decision making processes explained in Appendix E. There might, inevitably, be some differences in allocating individuals to categories, because the decision to place individuals on the margins in one or the other is partly reasoned, but also partly subjective. Nonetheless, those differences would not necessarily undermine the overall conceptual framework and utility of the model. It would also be possible to adapt the model to take into account other emergent narratives, and timings. For example, a queer performative discourse

might not, in terms of modern day subjectivities among younger LGBN individuals, be located in 'Late Performance.' However, the notion of conceptualising sexuality narrative and performance, and when and how they are engaged, is an analytically useful way to distinguish between different accounts among LGBN individuals.

The next section, Section Three, draws upon this new cohort model to analyse participants' constructions of their ageing sexual identities/sexualities. Section Four then considers participants' accounts of ageing in the context of those sexual identities/sexualities.

### 3. Gendered discursive production of sexual identity/sexuality

In this section I analyse participants' constructions of their ageing sexual identities/sexualities, which were strongly shaped by gender. The women participants' sexuality narratives were more diverse, variable, fluid and relational, whereas those of the men were more atomistic, essentialistic and located in binary constructions (i.e. either gay or straight) of a core orientation. In order to adequately address the wider diversity among the women participants, the section on their discursive production of sexuality is longer than the men's.

#### 3.1. Women: Plural relational narratives of sexual identities/sexualities

The historical silencing and invisibilising of women's same-gender desires, as outlined in Chapter One, was reflected in the interviews. Agnes, for example, met her husband when she was seventeen, and they married in the early 1940s:

[I'm] lesbian, definitely. But I didn't find out until I got married. Well, almost from the start of marriage, I realised there was something missing. And it took me quite a while to realise... a year or so, maybe more... that I didn't want to be married... [I didn't like]... being with a man... the sex wasn't really wonderful actually... and I started to see

some women that I realised that I liked more than I should...I didn't know the word [lesbian], I didn't know there was a word.... I doubt I'd have got married [if I had]. (Agnes, aged 92, 'Finding Out')

So, for Agnes, her awareness of a lack of desire for her husband, and a presence of desire for women, only emerged after she had married, and when it did emerge, she had no words to describe what it meant to her. It was not for several decades that she used the word lesbian to describe herself to herself (after she'd had an affair with a woman) and it was six decades before she used it to describe herself to someone else (the warden in her sheltered housing, after her husband had died). Agnes believes that access to the awareness, and the vocabulary, might have meant she would not have married. But, the available vocabulary itself was extremely limited at that time. Even women actively engaged in same gender relationships were often extremely isolated and, during this period, often lacked access to a sense of other women like them with whom they might identify.

So I got together with this older lesbian. Because I thought we were the only lesbians in the world... I was 17 and she was 30... we took off and lived together for ten years. In a very isolated way. We didn't know of any other lesbians, and we lived deep in the country. And then, after ten years, we made contact with some other lesbians... (Moirá aged 75 'Out Early').

As this extract highlights, this sense of isolation among women in same gender relationships (exacerbated for those living in rural areas, Jones et. al., 2013) created very limited discursive possibilities to describe themselves and their relationships, even among themselves. Across subsequent decades and the socio-cultural changes outlined in Chapter One, shifting discursive possibilities (Ellis and Peel 2011) moved this silenced identity shifted to a mixture of silence and stigma. Joan went through her

early twenties during this period and describes a shift from not knowing what lesbian meant, to subsequently associating it with stigma:

I always knew I was a lesbian. And had an affair with my best friend... It was quite nice, enjoyed it... I didn't know what the word lesbian meant. I knew how I felt. But my mother saw things on the television, and would then say 'Well, they were a whole load of lesbians anyway'. And I thought I don't know what a lesbian is but it's not good [laughs]. And then, when I found out, I thought, well, obviously it's going to be frowned on, so I went down the route, I got married. (Joan, aged 67, 'Breaking Out')

This extract reveals how the performance of a self-acknowledged same-gender sexuality was mediated firstly by a lack of knowledge and then secondly by stigma, located in a particular socio-historical context. Subsequent emergent politicised resistance to gender inequalities, and to the invisibilisation of women's same-gender desires produced new opportunities for some women to explore their sexualities in safe, affirmative, spaces:

I just knew I wasn't going to make it with men, no matter how hard I tried to hold down my desires [laughs] ... [and so I went to] a women's centre... And I never looked back... It was like 'oh my god', ding, ding, ding. So that was it. And there were lots of baby dykes at that time. It was late 70s, and we were all struggling, you know, fancying these stars of the women's movement, and we were grappling with what was socialist feminism, what is Marxism, and just this awareness raising, and you fell in love all the time. (Alice, aged 60, 'Out Early')

So, for Alice, in contrast with Agnes and Joan, there was a discursive (and performative) pathway available to her - in ways which had not been available in previous decades - to mobilise a public, affirmative, lesbian identity. For some women, mobilising a lesbian narrative began to shift away from essentialist, identity-based discourse, to one located in desire (Herman, 2005). Barbara, for example, is very clear that 'lesbian' is a descriptor of her, rather than something which defines her:



I don't say 'a lesbian', I identify as lesbian, because saying 'a lesbian' labels me, whereas saying Barbara who used to be a vet, owns a dog, loves her garden, happens to be lesbian, is different. (Barbara, aged 83, 'Finding Out')

So, for Barbara, identifying as lesbian is just one aspect of her life. By contrast, for other women who also engaged with a lesbian identity during this period, it is fundamental to their identity:

And so, then we had an affair, but we were both married... I was getting a divorce from my husband and she was from hers.... then I was on my own for about three years, but thinking well, I am a lesbian. (Violet, aged 73, 'Finding Out')

For Violet, there was a process of discovery, and a conclusion that 'I am a lesbian,' whereas Barbara mobilises her sexuality as one of many descriptors. By contrast, again, Vera mobilises her sexuality discourse in contingent ways, describing herself as lesbian or bisexual according to relationship context. When she is in a relationship with a man, she identifies as bisexual, and when she is in a relationship with a women she identifies as lesbian, because bisexual is 'too powerful a position to occupy' (Vera, aged 60). She explains this contingent identity narrative:

If I had to identify, primarily I would identify as a lesbian, that's what I would do, that's my orientation. I [put bisexual on the form] because I thought it was more honest in a funny kind of way, because I've had such a lot of relationships with men and, in fact, most of my relationships have been with men and they haven't been deeply unhappy relationships and I have no objections to having sex with men. It's much more political in many ways... I tend to say lesbian, because I work for a women-only organisation, all my life is dedicated to women, women's issues and the empowerment of women, so it kind of feels right. But, if we're simply talking about who I could end up in bed with, then the reality is it could be either. (Vera, aged 60, 'Finding Out')

This extract demonstrates how Vera uses 'bisexual' to describe her behaviour (because she might choose to have sex with a man or a woman) but lesbian to describe her political affiliation (which she refers to as her orientation), both being informed by

relational contexts. By the time Vera was deploying this discursive and performative fluidity, it was the 1990s, when emergent queer narratives and deconstructions of gender/sexuality binaries had begun to emerge, affording greater discursive space for Vera to be able to do so.

Maureen also mobilises a combined bisexual and a lesbian narrative, but this time to describe a changing, but core, sexuality:

I think I was bisexual, but the lesbian side of me I didn't really want to look at. I wanted children, I wanted the normal sort of things, I knew I was attracted to women, but it never really raised its head. I never found a woman I was particularly attracted to, I just knew I was attracted to women. So I was married for 25 years. And then you meet somebody ... and you're just not going to keep it down any longer, and it just exploded. (Maureen, aged 62, 'Finding Out')

So Maureen retrospectively understands her sexuality as bisexual, with different 'sides' to her sexuality. Maureen now identifies as lesbian, describing this in terms of a changing sexuality based on greater self-knowledge:

I understand myself better now. I can still look at a man as attractive, as aesthetically pleasing. But I wouldn't want to have sex with him. So I see myself as lesbian. (Maureen, aged 62, 'Finding Out')

For Maureen, then, her understanding is that her sexual desires have shifted through greater self-knowledge. That shift is (at the present time) understood by Maureen as now fixed and unchanging, rather than (as for Vera) optional and elective.

By contrast, again, Moira mobilises a non-labelling, gender fluid, discourse ('If I met a guy that has the same qualities that Angela had, I'd have been perfectly happy with him,' Marcia, aged 66, 'Late Performance') which is not embedded in a sexual identity narrative (I've never thought of myself as 'a lesbian' or having a coming out,' Marcia, aged 66, 'Late Performance'). For Marcia, her understanding of sexual fluidity

is in terms of a gender-free choice (Kitzinger, 1987): she could have been with a man or a woman, it depended upon personal qualities, not gender, which she does not attach to those qualities. Marcia's narrative is reflective of recent increasingly diverse discursive and performative possibilities beyond gender and sexuality.

These diverse constructions of LGBN sexualities among the women participants partly support previous authorship on women's sexual fluidity, but also complicate and broaden these analyses. Lisa Diamond, researching younger women, describes sexual fluidity as 'situation-dependent flexibility in women's sexual responsiveness' (Diamond, 2008: 3), although she still holds to the concept of 'an overall sexual orientation' for women (Diamond, 2008: 3). However, many of the women interviewees' narratives were more suggestive of flexibility beyond a core orientation, of 'erotic plasticity' (Peplau and Garnets, 2000: 330) among some women. Moreover, Frances' 'Lesbian by Choice' narrative suggests a degree of selective sexuality, beyond sexual fluidity. While Jennifer and Cat, also 'Lesbian by Choice', had previously had sexual relationships with women and men before 'opting out' of sex with men, Frances had not. She had to 'learn' how to be a lesbian. It could be argued that a willingness (and success) at such 'learning' might suggest a predisposition to being able to do so, even with a lack of prior awareness. Nonetheless, it points to greater degree of agency and choice around sexuality than is generally recognised.

Some participants echoed Kitzinger's (1987) five-factor (plus two uncertain ones) analysis. So, for example: Maureen's ('Finding Out') story of finding her true (lesbian) self after a heterosexual-bisexual identification, reflects Kitzinger's Factor (1)

involving ‘before and after’ stories of rejection of a conformist heterosexual lifestyle and finding self-fulfilment through lesbianism; Marcia’s gender-free (‘Late Performance’) narrative maps on to Kitzy’s romantic Factor (2), “Women respond to “the person, not the gender” and “it all depends who you fall in love with” (Kitzy, 1987: 102); Barbara’s (‘Finding Out’) ‘I am lesbian’ rather than ‘I am a lesbian’ narrative echoes Kitzy’s apolitical Factor (3) ‘Lesbianism as a personal sexual orientation, that is only one aspect of a woman’s identity’ (Kitzy, 1987: 110); and Cat, Jennifer and Frances’ ‘Lesbian by Choice’ narratives reflect Kitzy’s Factor (4), women who ‘present their lesbianism within the political context of radical feminism’ (Kitzy, 1987: 110). Significantly, there were no self-loathing Factor (5) narratives, suggestive, perhaps, of the increased affirmative discursive and performative space since Kitzy conducted her study nearly twenty years ago.

The women’s narratives in this study complicate Kitzy’s and Diamond’s analyses in three main ways. Firstly, while some women mobilised *either* a feminist politicised *or* a romantic sexuality narrative (as described by Kitzy), others mobilised *both*, for example Ellen, who links her deep love for Tessa with her growing feminist awareness. This suggests that there is not, among some women, a clear-cut disconnect between romance and feminism. Similarly, while Marcia’s gender-fluid narrative suggests a depoliticised sexuality where partner choice is based on characteristics rather than gender, Jennifer’s gender-fluid narrative involves being able to choose a woman instead of a man:

I also think there’s far more fluidity around sexuality than people are willing to admit. There are lots of straight men who have gay sex, so many lesbians who were married before, you know, I do think it’s a question of being open to women, rather than a question of being only

focussed on women, you just have to think about the possibility and once the possibility is there, many more of us will embrace it. (Jennifer aged 62, 'Lesbian by Choice')

Here we see how sexual fluidity and radical politics overlap in Jennifer's narrative, unlike in Kitzinger's either/or constructs, and unlike Diamond's depoliticised accounts of sexuality.

Secondly, neither Kitzinger nor Diamond can account for the strategic discursive production of sexuality articulated by Vera whose mobilisation of plural sexualities suggests a complexity and agency among women engaged with a same/both gender sexuality that is not reflected in either Kitzinger's or Diamond's analyses. Thirdly, Kitzinger's analysis does not account for sexual fluidity (which she herself only tentatively touches upon with her uncertain 'Factor 6') and nor for changing desires, identifications, and context-contingent sexualities across a lifetime. Whereas Diamond does account for these, she nonetheless still adheres to a notion of a core orientation, which, for many of the women participants in this study would not appear to be the case. And of course neither Kitzinger nor Diamond contextualise the regulatory and socio-cultural contexts in which different discursive possibilities have been in/accessible.

These subtleties, nuances, particularities, and relational contingencies of sexuality narratives among the women participants are significant in and of themselves, and for the insights they can offer to the complexities of gender/sexuality discourse. They also have implications for later life, informing how a woman will experience her sexual identity/sexuality in the context of the ageing experience. This will be explored further in Section Four.

### 3.2. Men: Atomistic, essentialistic, accounts of binary sexual identities

By contrast with the women's complex, plural and varied narratives of sexuality performance and construction, the men's sexuality narratives were far more atomistic, essentialistic and based on binary constructions of sexual identity, i.e. 'gay' or 'straight.'. The men's discourse engaged overwhelmingly with 'before and after themes': personal (before and after 'coming out' as a gay man, 'before and after' a heterosexual relationship, 'before and after' being a priest), socio-legal (before and after criminalisation and pathologisation) and a combination of both (one informing the other). There was a predominant permanent identity narrative among the men participants, i.e. *always* having a sense of difference in terms of sexuality, or *always* knowing they were gay (whether then performing as such) or retrospectively realising they had *always been* gay. This sense of a constant unchanging sexuality, that was about both orientation (desire) and identity (core sense of self), was very different from the more contingent, relational narratives of the women participants.

Unsurprisingly, the narratives of the men were informed by the historical criminalisation, pathologisation and stigmatisation of same gender sexual relationships between men.

From first realisations of oncoming sexuality, and of course there were no discussions about it, you thought you were the only one in the world. ... I was brought up in a society where religion's very important... the whole thrust of religion was that it was wicked and wrong. And of course it was unlawful, it was illegal, so no teachers talked about it, not anybody had anything positive to say about it... The isolation of it... was total. (Billy, aged 61, 'Breaking Out')

This extract highlights the key role school and church played in the silencing of non-heterosexual sexualities, and how the shadows of illegality and sin led to sense of complete isolation. This extract from Lewis' interview offers further insights:

I always remember sitting on a train, there was a newspaper there, and there was this scandal, I think it was a spy scandal, and this newspaper... said 'This is what a homosexual looks like' and it had the picture of the person spread out on the front page [laughs]. And that was my sort of upbringing of being gay.... I grew up to think that being heterosexual is the only thing. (Lewis, aged 65, 'Out Early')

For Lewis, then, the only discursive practices about men who were sexually attracted to men was in relation to crime, scandal and 'Othering,' which he understood as a form of compulsory heterosexuality which was at dissonance with his own desires.

Growing political resistance and increasing opportunities for affirmative 'gay' identities in the context of an increasingly politicised rights orientated discourse (Cant and Hemmings, 2010) is reflected in those men who engaged in emancipatory narratives involving a 'coming out' process. Bob, for example, had a girlfriend in his late teens and early twenties, but was struggling to come to terms with what he knew to be his 'true' sexual identity, and movingly describes the experience of 'coming home' when joining the GLF<sup>116</sup> in his early twenties:

I remember the first thing that happened was that I just burst into tears. I had come home. And I remember being held, being cuddled and caressed, by people who'd been through what I'd been through... I just burst into tears, and by the end of that meeting, I was a fully-fledged member of the Gay Liberation Front. (Bob, aged 60, 'Breaking Out')

The GLF gave Bob discursive and performative space to engage with an affirmative gay identity, one which he had not previously been able to acknowledge to himself. By contrast, for Alastair, fifteen years older than Bob, and already engaged in same

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<sup>116</sup> Gay Liberation Front

gender sexual relationships before the rights movement, found the movement a place to be able to express an identity he already recognised, in a new legitimising way:

When Gay Lib happened, [when I was in my 30s] I just thought I have been waiting all my life for this... I just want to be out, to be who I am really. (Alastair, aged 76, 'Out Early')

For Alastair, then, the movement created a discursive (and performative) space to express in more public, collective, ways his true self – 'who I am really' – of which he was already aware. This sense of the importance of the freedom to express – discursively/ and performatively – an authentic self is most explicit in this extract from Phil's interview:

I have two birthdays...my biological one is 62 now [and the other one] is 31. That's the day I came out.... I always say that my life started at 31, and everything else before was just a mechanical warm-up... In terms of physical sex, sublimating, I think is the psychology word. (Phil, aged 62, 'Breaking Out')

So, for Phil, when he 'came out' he was literally 'born again' (not in a Christian evangelical sense), feeling able to express a (legitimised) truth he already knew about himself but had concealed. While, for Alastair, a politicised identification gave him additional ways of discursively producing a sexuality he had previously selectively disclosed to others, for Phil, openly identifying as gay was a transformational moment symbolising a completely new public mobilisation of his sexual identity.

The revival of a stigmatised sexual identity during the AIDs era (as outlined in Chapter One) was reflected in Billy's narrative:

The HIV crisis, when it first started, those hideous front pages, and you feel contaminated yourself. It didn't matter whether you were HIV or AIDS, but you feel contaminated by it. 'You're one'. People were asking if you can catch AIDS from the chalice at church. You couldn't go to gay bars, go there, you'll catch it. It was treated like a modern day leprosy, that was how it was, it was horrible (Billy, aged 60, 'Breaking Out')



This extract highlights the revival of stigma based gay sexuality through the linkages with AIDS. In a sense, gay men, having just overcome or going through, the process of overcoming the stigma of criminalisation, entered a new era of stigma, associated with contamination and sickness. Interestingly, Billy is one of only a handful of the men participants to mention the AIDS crisis (political activists Martin and Bob being among the others), suggesting, perhaps, that there is still a degree of stigma attached to discursively engaging, both retrospectively, and among those who are now living and ageing, with HIV (Rosenfeld, Bartlam and Smith, 2012).

Notions of sexual fluidity, even with increasing discursive and performative opportunities, were rare among the men participants. Andrew, for example, said, retrospectively, 'I knew I was gay from being three or four. Yeah, yeah, of course I did.' He got married to a woman, engaging in sexual relationships with men during the marriage. He describes bisexual performance, but in the context of a gay identity:

It so happened I fell in love with a woman [his wife]. She was everything I wanted... we got on really well. And we had lots and lots of friends. The house was never silent... And then, it all went pear-shaped when I met David ['I just loved the man. And still do']... I realised I loved her, but I'd never been 'in love' with her. I mean I was 26 when I married, so I could have sex with man, woman or beast, at that age, not that I did, but you know what I mean. (Andrew, aged 66, 'Breaking Out')

Interestingly, Andrew never engages with a bisexual identity narrative. Andrew, like Maureen, has described a shifting sexual performance, but in a different way. While Maureen understands herself to have been bisexual, but to now be a lesbian, Andrew has retrospectively constructed the period when he was having sex with both a woman (his wife) and men (on the scene, while still married) as being a truly gay sexuality with the heterosexual acts being due to indiscriminate sexualised behaviour associated with his own youthful sexuality.

Only Sam raised any uncertainty about locating himself in the binary categories of 'gay' and 'straight':

I knew I had some attractions to same sex, but also feeling there's some fluidity there. I went to college when I was 19 and I had a girlfriend, and I had no sexual experience with women at that stage [Friend took him to a gay pub]. And it opened up another world. And I went back. I also joined CHE<sup>117</sup> a little bit later, and that's how I entered the way of meeting people... I met my partner at 22. (Sam, aged 61, 'Out Early')

Sam has been with his civil partner for 37 years, and mobilises a gay identity. Early on in their relationship, they separated briefly and Sam had an affair with a woman. He ended it because she was married (to a man):

But it still ticks through my mind. I just wondered whether, if things had been different, I don't know... I've always thought there are degrees of feeling and degrees of passion and of intimacy. (Sam, aged 61, 'Out Early')

So, here we can see the suggestion of sexual fluidity and of something beyond the limited possibilities of binary discourse (Esterberg, 2002) available to Sam over thirty years ago.

Derek is the only participant to express ambivalence about both his sexuality and his gender identity. Aged 61, he has been married to women twice and has three children. He had no prior sexual encounters with men until he left his second wife in 1999, when he was 48, and began 'experimenting' with sexual relationships with men, soon identifying as gay:

So I thought, well, I'll experiment. I rang up one of these numbers you get in the local papers, and the rest, as they say, is history. You know, you talk to a straight fella, would you consider doing this with another fella, 'Oh no! Don't be so disgusting!' I did it, and it was wonderful. But I don't know if I identify as gay. If George Clooney was to walk across there, I wouldn't think 'Cor, look at that, or, or, get your trousers off

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<sup>117</sup> Campaign for Homosexual Equality

George'....[gay is] it's the easiest way of identifying myself. I'm certainly not hetero. (Derek, aged 61, 'Finding Out')

Derek describes himself as a cross-dresser with an ambivalent gender identity:

I don't know what my gender identity is now. I think if it was thirty years ago, I might... have sought gender reassignment. (Derek, aged 61, 'Finding Out')

In relation to his understanding of his gender identity and sexuality, then, underneath Derek's identification as a gay man is an underlying uncertainty that he might be a trans woman of undetermined sexuality.

The narratives of the gay men participants, then, engage far more with binary narratives of 'before and after', the criminalised homosexual compared with the liberated gay man, and the navigation of stigma. The emphasis on stigma echoes work by a number of different authors, including: Dana Rosenfeld's account of dis/accredited identities (Rosenfeld, 2003); Peter Robinson's observations of the increasing opportunities to mobilise a legitimised identity among younger gay men compared with their older counterparts (Robinson, 2008); Hammock and Coehler's account of the repositioning of gay men's stories from 'the shadows of subordination to a place of positively affirmed identity' (Hammack and Cohler, 2011: 172); De Vries' observations of the enduring significance of the navigation of stigma in older gay men's (and lesbians') lives (De Vries, 2010); and Plummer's account of the shift from 'Criminal, sick, closeted worlds' to 'Gay liberation worlds' to 'Cyber queer worlds and the postcloset world' (Plummer 2010: 175).

The men's narratives also offer new insights. Firstly, unlike the women in the study, some of whom have mobilised a gender/sexuality queer narrative in later life, with the exception of Derek, none of the men do - and even Derek mobilises a binary discourse, i.e. *either* a gay man *or* a heterosexual trans woman. Secondly, while

‘coming out’ is a significant element of all of the men’s narratives, it is far more differentiated by cohort among the women. The ‘Later Performance’ women who do not mobilise an identity narrative also do not mobilise a ‘coming out’ discourse either (this will be explored further in the next chapter in the contest of kinship). Previous authors have suggested that the decline in the mobilisation of a ‘coming out’ narrative is generational. Plummer’s has suggested, in terms of gay men, that ‘the new generation finds less and less difficulty in coming out or, indeed, even the need to come out’ (Plummer, 2010: 175). Heaphy, Smart and Einsdottir (2013) have suggested that ‘coming out’ is less significant in the narratives of ‘younger’<sup>118</sup> same-gender couples for whom it has not so often involved disruptions to biological family relationships. My research complicates this narrative by suggesting that it is not the age of the person disclosing their same-gender sexuality, but both gender and the socio-legal socio-cultural context in which they do. Older women forming same-gender relationships since the CPA are also not located them in emancipatory ‘coming out’ narratives, suggesting it is more an issue of social context rather than personal chronology.

Secondly, the contrast between the narratives among the men and women participants would suggest that those authors who seek to mobilise a global ageing sexuality narrative for both LGBN women and men may be at risk of conflating two different sets of processes. And, in that conflation, it is the atomistic, essentialist, stigma-based narratives of gay-identifying men which would appear to be privileged and the more relational, contingent, fluid, elective narratives of LGBN women (and bisexual-identifying men) which become obscured.

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<sup>118</sup> Under 35.

The next section considers participants' accounts of ageing in the context of those diverse constructions sexual identities/ sexualities.

#### **4. Ageing, gendered, sexual identities/sexualities**

In this section, I approach participants' varying, gendered, constructions of sexual identity/sexualities in relation to the subjective experience of ageing. I address three main areas: embodied ageing and its significance for the ageing experience (Section 4.1); changing recognition (status and visibility) associated with ageing (Section 4.2); and material and financial resources as key differentiators among, and between, older LGBN individuals in later life (Section 4.3).

##### **4.1. Embodied ageing: Functionality and fear**

Participants understood older age itself in relative terms, both in terms of chronological age itself and associated issues of relevance:

The key issues, it depends what you mean by old age. You know, people in my age, in their sixties, are still fairly active and not really thinking too much about the long term. But some of the men who come to [support group] are in their eighties, and their concerns are about care. Will there be any prejudice in sheltered housing [and so on]? (Bernice, aged 60, 'Finding Out')

I think there's kind of ageing and there's kind of, being old. I think, I think, I don't have any problem ageing as I am now, it's when you start thinking about things like, you know, going into an old people's home, or even into sheltered housing or something like that, that one is afraid. (Jennifer, aged 62, 'Lesbian by Choice')

These extracts show how being positioned at different older age standpoints has implications for older age experiences and concerns, heightened concerns about care issues associated with 'older older' age, for example. These concerns about care needs are not always linked to older age, but rather to functional ability. The embodied experience of ageing can sensitise an individual to ageing issues:

Lots of my friends are starting to fall ill. I've got arthritic knees. I have a friend [detail] who is twelve years younger than me and has bladder cancer. So lots of little things like that are happening which rather makes me focus me on 'fuck paying the mortgage back, have some holidays'.  
(Phil, aged 62, 'Breaking Out')

This extract offers insights into how ill health and age-related physical problems can sensitise an individual to issues of ageing. Levels of physical and/or cognitive functioning – not necessarily correlated with chronological age itself – are also linked to the extent to which ageing is perceived as problematic. So, Ellen, aged 64 ('Late Performance'), active and mobile, declared 'I think I'd always, I don't know, maybe I'm naïve, I think I'd always demand my rights, my independence, my dignity.' By contrast, Diana, only five years older than Ellen, and until recently very active herself (in fact supporting slightly older friends with care needs), now suffers from a painful leg condition which limits her mobility, which means she needs help both at home and if she wants to go out. Diana reflected:

I'm very sad sometimes. And anxious and fearful. Having to contemplate if I have to live with a disability, what's it going to be like. Because I'm finding hospitals and things like that overwhelming. I'm vulnerable sometimes, not being able to fight my corner... And I wonder who is going to advocate for me when I am in that position? I am going to have to depend on other people. And I want those people I depend on to recognise my difference and acknowledge what that might mean to me.  
(Diana, aged 69, 'Breaking Out')

Diana's concerns about dependency needs have been made salient by her recent injury and incapacitation. She also experiences a heightened sense of vulnerability due to limited informal social support. Single, 'out' since early adulthood, she has no intergenerational family relationships (this is addressed in Chapter Five). Ellen, by contrast, only in a same gender relationship in the last few years, has not only her (younger) partner, but also her children as potential sources of support. Diana has

close friends, but she and her friends (of similar ages) are all beginning to need extra support at around the same time. Moreover, unlike Ellen, in the 'Later Performance' cohort, Diana's fears about dealing with institutions is exacerbated by an experience as a young adult (she is in the 'Breaking Out' cohort) when she was expelled from the navy because of her sexuality, after an ex-lover, also in the navy, was exposed:

And the witch hunt started. The next thing I knew is she'd been thrown out of the service, and she turned up at my door [detail], saying she'd been thrown out, didn't say they were investigating her [detail]. And next thing I knew, I get called up in front of the officer in charge and charged with being a lesbian. So, in terms of being out, I was outed in two ways, I was out of my job, out of my career, out of my place to live, out of my culture, everything. And within weeks, I was out of the services, at only 28. (Diana, aged 69, 'Breaking Out')

This demonstrates how experiences of ageing are informed by multiple factors: embodied, relational and informed by past history and cohort. In this way, both past and present intersect to shape experiences of ageing among older LGBN individuals.

#### 4.2. Recognition: Social status and visibility

Ageing involves changes to recognition, in terms of both social status and visibility. Ageing in these particular socio-legal times involves not only personal change for older LGBN individuals, but also dramatically changing times in terms of 'sexual orientation' rights and same gender couple recognition. These changing times are understood differently among and between participants, partly based on cohort, but also partly informed by recognition of both losses and gains involved in these changes. In this way, ageing at this particular time and among these particular cohorts offers unique insights into both personal and social change in relation to ageing, gender and sexuality. I shall first address this in terms of social status, and then in terms of gendered visibility.

*4.2.1. Changing social status: Losses and gains*

Participants' understandings of changing social status for older LGBN individuals were informed partly by cohort. Those who had been 'out' and/or in same gender relationships over an extended period of time had lived through dramatic changes to their own social status across their lifetimes. Those who had 'come out' and/or formed a same gender relationship in most recent years were looking at those changes in relation to other people's histories rather than their own:

I think there's probably still a lot of lesbians and gays out there who are frightened to admit to what they are, because of, perhaps, the stigma of what went on years ago. But I think that, to my age group, people are more open about it and more accepting, so the worries are diminishing. (Bridget, aged 66)

If you've had to live all of your life, or the formative part of your life when you've had to be very circumspect and secretive, that's a very difficult mindset to get out of.... I think people of my generation (up to 70) have had more experience of when it hasn't been illegal. Whereas somebody in their 80s or 90s [have not]. (Clifford, aged 66)

Both of these extracts highlight the significance of cohorts for present day perceptions in relation to openness and safety.

However, even among those individuals who had been 'out' and/or in a same-gender relationship for a long while, the changes in social status were understood differently, for some as 'times gained' and for others as 'times lost.' Billy takes the 'times gained' perspective:

Because if you're my age, you're looking from here, which is an incredibly different place, back into something which is almost impossible, I would have to sit down and reconstruct it now. I've had so long, it seems now, of thinking, 'Well, it's all right, really', that an awful lot of all that other stuff, which was awful, awful to the point of suicidal thinking, for both of us, at different times, it is almost impossible to believe that we're here... Gareth the rugby player, this big hunk of a man coming out and saying 'Oh, I'm a fairy'. Isn't that wonderful? And people



didn't laugh and say 'Ugh, go to hell'. So I just can't believe it. (Billy, aged 60, 'Breaking Out')

So, for Billy, with his very optimistic take on things ('isn't that wonderful?'), the past is so dissonant with the present that he struggles to reconstruct it. There is such a sharp contrast between his past and his present that it is, for Billy, almost impossible to conceptualise. For Audrey too, the difference between past and present is striking, but her perspective, rather than Billy's 'times gained', is more one of 'times lost':

I stood at Pride last week. I was very moved, as I always am. I watched the armed forces go by and thought about all the women ... who had been terribly oppressed in the armed forces, because they were suspected of being lesbians, or were sacked, or whatever. And I saw the teachers go by under their union banners, and I just wondered, and thought how impossible I would have been when I was a young teacher. And then I actually got very angry because, instead of thinking, oh how wonderful it is that it is different now, I thought why did we have to put up with that crap? If it can be like this now, why did it ever have to be not liked this? Because it damaged us. It limited our lives. (Audrey, aged 67, 'Out Early')

By contrast with Billy, Audrey is concerned with the consequences of a hidden life, and what she understands to be the damage this caused to those individuals who lived in secret (and, of course, those who still do). Long-term self-surveillance and concealment can have implications for mental health in later life, as, for example, Jack observed:

With my mental health problems, I don't know if it stems from originally, you know, seeing myself as a criminal and an outsider and that, and that had an impact in the problems I've had, even though from the age of thirty I've been open and that. You know, from the age of thirty, it's been very hard, thinking you could go to prison, you know, it's an awful feeling, you know, thinking you have to put on a different front, you know. (Jack, aged 66)

For Jack, then, the cumulative effects of minority stress (diPlacido, 1998) associated with living under the shadow of criminalisation may have had a detrimental effect on

his mental health, echoing the observation that ‘to be in the closet is, then, to suffer systematic harm’ (Seidman, 2002: 30). Those in the ‘Out Early’ and ‘Breaking Out’ cohorts are more likely to have been exposed to stigma and its consequences than those in the ‘Late Performance’ cohorts. This is demonstrated most clearly in the narratives of Tessa and Ellen.

Tessa (aged 58, ‘Out Early’) and Ellen (aged 64, ‘Late Performance’) have been together for six years. Their relationship, and civil partnership, has led to a change in perceived social status for each of them in ways which are highly illuminating:

I think, for me, I have never felt so good about being a lesbian as I do now, and it is Ellen who enabled me to do that... I’ve not been a particularly bad person, I don’t think. You know, I abide by the law, I belong to Amnesty International, I believe in equality for – you know all that – I think I do the right kind of things in my life, and yet I’ve always known that people think, would think, that I’m not really as good as anybody else. So, I’ve always had that sort of feeling. And then I met Ellen... And she says to people, this is Tessa, my partner, and we’re open about it. And since that, since we’re open with people, we tell people, the response has been fantastic... People are very open, very welcoming, and it’s been wonderful for me. (Tessa, aged 58, ‘Out Early’)

This extract highlights how Tessa’s sense of self has been transformed by her relationship with Ellen (in the most recent socio-legal times involving regulatory legitimisation of their relationship) resulting in a shift from a stigmatised identity to one that is more normalised and respectable (Richardson, 2004). Interestingly, however, Ellen, coming from a previous life of heterosexual privilege, now feels she is perceived to have a lowered social status:

... But I do think, by and large, lesbians, gays, are second class citizens. I, socially, am now a second class citizen, whereas previously, as a married woman, with a profession, Catholic married woman, I was accepted, I was there, there was no echelon of society that wouldn’t accept me. Now, because I have stepped away from that false identity, that sham, and keeping up appearances, I’m in a life that really has meaning, but I

think, to society, I think it's looked down upon. (Ellen, aged 64, 'Late Performance')

This extract shows the significance of cohorts in an ageing context. While Tessa has moved from a place of stigma and low social status to a comparatively improved position as a lesbian, for Ellen, her shift from (Catholic) heterosexual privilege to lesbian performance has involved a perceived loss of status. Although she now feels herself to be in a more authentic position ('a life that really has meaning'), Ellen feels that she is 'looked down upon' in the eyes of (heterosexual) others. Tessa is aware of the upward direction in her sense of cultural worth; Ellen of the downward direction of hers. These two perspectives are telling: while a person with a lifelong LGBN identity/sexuality observes equalities gained, someone with a more recent one may observe equalities lost.

Loss of social status as sexual beings was a particular theme among some single participants. Two men alluded to lack of visibility as gay men.

On a daily basis, I have the luxury of not looking like a poof in a lot of people's eyes... I have the luxury of looking like an old man to the kids, so they don't put me in that category... (Phil, aged 62, 'Breaking Out')

In this extract, Phil describes not being recognised as a gay man by 'kids' as they see him as old and, so, asexual. This, for Phil, reduces the risk of exposure to homophobic abuse: his invisibility makes him feel safer. Donald also spoke of loss of visibility as a sexual being, this time in relation to younger gay men:

If people look at an older man, it doesn't occur to them that he might be gay, but it doesn't occur to them that he might be straight either. [It bothers me because] I don't see why I shouldn't chat up a pretty young man. Go window shopping. (Donald, aged 75, 'Breaking Out')

So, for Donald, his diminished visibility involves loss not gain, and that loss is in relation to sexual attractiveness and possibilities for sexual encounters. The notion of not being seen as sexual was also echoed by women participants:

[I feel I have a] lower market value on the scene... I belong to [lesbian group] and they think I'm a batty old bird, but they indulge me, but there's no question that I'm seen as sexual, you know. (Ren,. aged 63, 'Breaking Out')

Sex is very nice, and I hope I continue to get it. But it evades you as you get older and it gets more difficult to access, you know... I suppose there's a form of internalised ageism and homophobia as well. And it's what society dictates is sexual, most people don't like to think of old people being sexual, do they? (Diana, aged 69, 'Out Early')

These two extracts highlight how, with ageing, LGBN individuals may feel they are less likely to be seen as sexual beings (as many older heterosexual people also feel). This was more of a concern for single participants who were looking for intimacy, compared with single participants who were not looking for intimacy, and those in couples, who were less likely to be looking for new intimacies<sup>119</sup>. However, while both single women and men participants were aware of a diminishing sexual value, whereas the men did not describe feeling less visible as *men* (only as sexual beings) the women participants were more likely to articulate heightened sensitivity to loss of visibility/value as *women* (i.e. on the basis of both gender *and* sexuality). This is explored next.

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<sup>119</sup> Some men participants in couples referred, off the record, to threesomes and having to navigate the age issue.

4.2.2. *Changing visibility: The lesbian 'Bermuda Triangle'*

Women participants spoke about a heightened awareness of the impact of ageing not only in relation to sexual identity/sexuality but also in terms of gender. Here, firstly, Stella explains:

I've been out all my life as a lesbian, and never had any qualms or anything about all that. But I still find it hard to say I'm retired. First of all there's the equality thing of not being able to do jobs because I was a girl, and then there's the lesbian and gay switchboard, the campaigning and equal rights and all that sort of thing, and now I'm confronting ageism, and people seeing me as somebody past their retirement date. (Stella, aged 66, 'Out Early')

So, for Stella, ageing involves entering a new frontier of inequality, related to older age.

Audrey too observes loss of status and visibility associated with age and gender:

When I was retired, I'd been in a very powerful job, and I'd been very active and quite well-known ... and when I retired I not only left all that but I also went to live in the country in a place where I was less well-known. And I remember thinking 'I am not anybody now except an old woman'. I am a small person with white hair. And I tended to be treated in that way and it was very noticeable to me that people treated me very differently then. Until, of course, I opened my mouth... and then there is that dissonance... you can see their eyes and you can see them thinking 'Who is this?' Because you're a little old lady in a raincoat with white hair and then suddenly you say something very bossy, or intelligent or directive ... ah, and then they have to put you in a different box ... (Audrey, aged 67, 'Out Early')

Audrey is describing here the sense that loss of status through retirement, and stereotyping based on her appearance, has resulted in her feeling discounted as an 'old woman' by those who do not know her. Stella is surprised to find herself trying to conceal her older age:

When I was growing up in my activism, and I would see jokey scenes about a woman who won't say how old she is, I said I would never do that. But I do! And I do dye my hair. I don't want people to initially see a grey haired person and write them off. (Stella, aged 66, 'Out Early')

This extract echoes earlier authorship which has suggested that LGBN women are not immune to the gendered normativities of embodied ageing (Slevin 2010) and social pressures to mask ageing (Hurd Clarke and Griffin, 2008). Among women who had identified as lesbian for a long while, there was also a sense that ageing affected their recognition not only as women but also as lesbians:

I've spoken to women my age and older [and] as we get older as lesbians, we disappear. We're not sure where we go to. (Cat, aged 63, 'Lesbian by Choice').

Audrey has a suggestion about where older lesbians go:

The common definition of a lesbian is a sexualised definition. ... particularly, I think, for those of whom are only aware of lesbians as an item in straight men's porn... a lesbian is a person who has sex with other women [and] our cultural definitions of older people is that old people are not sexual... And we have a lot of trouble dealing with geriatric sex. So, if a lesbian is a sexual idea and an old woman is an asexual idea, then it becomes kind of impossible to think about an older lesbian.... I would say that ageism and sexism and heterosexism... form a kind of Bermuda Triangle into which older lesbians disappear. (Audrey, aged 67, 'Out Early')

So, according to Audrey's understanding, it is the combined effects of the intersection of ageism and sexism ('an old woman is an asexual idea') and lesbian stereotyping ('lesbian is a sexual idea') that produces old lesbians as unthinkable and invisible. This is within the broader context of the historical 'enforced invisibility' (Moonwoman-Baird 1997: 202) of sexuality between women involving a process of 'deliberate non-engagement' in law (Derry 2007, 26) and the marginalisation of women's histories in general (Rowbotham 1973 and 1979) and lesbian and bisexual women's histories in particular (Everard 1986; Duberman 1990; Faderman 1979) and by the positioning of 'lesbians' as 'not woman' (Calhoun 1995). As far back as 1999, Elise Fullmer and her colleagues observed that 'a combination of prevailing social constructs of sexuality,

lesbianism, gender and age serve to make older lesbians invisible both within and outside of the lesbian community' (Fullmer, Shenk and Eastland, 1999: 133). More recently, Jane Traies (2009: 79) has highlighted the continuing cultural invisibility of older lesbians who are both 'unrepresentable and unseeable' and a recent meta-analysis of studies of older lesbians (Averett and Jenkins 2012) suggested that there are 'triple marginalisation' processes associated with age, gender and sexuality.

This diversification of discourse relating to (older) women's same/both gender sexualities is perceived by some as destabilising notions of a lesbian identity:

I find as I get older I can't tell who the lesbians are, whereas I never had that problem when I was younger. Now many of them turn out to be mothers and grandmothers, whereas I am not, and I feel that is quite a distinction... So I find it very hard to relate to older lesbians that have assumed the persona that society expects of them, which is that people first see 'older woman', possibly pensioner, possibly retired, and then they see mum and grandmother, and then possible they see, right down at the bottom of the list, they might see lesbian, or think lesbian.... It seems that any old person might be a lesbian now. We had to work quite hard at it in my day. (Stella, aged 66, 'Out Early').

In her assertion that 'any old person might be a lesbian now', Stella is not only referring to previously heterosexually married women with children and grandchildren who now identify as lesbian/are in same gender relationships<sup>120</sup>, She is also referring to an erosion of politically mobilized lesbian identities (Jeffreys 1989) that are now, for Stella, becoming blurred in later life.

#### *4.2.3. Last minute recognition: Ageing as opportunity*

This section briefly acknowledges how ageing has also served as opportunity for a number of the women participants in the Breaking Out,' Finding Out' and 'Late Performance' cohorts. The 'Late Performance' women unexpectedly found love with a

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<sup>120</sup> This is approached from a kinship perspective in Chapter Five

woman when they were already older women. By contrast, for Joan, imminent retirement prompted her to embrace the lesbian identity she had hidden for so long:

We'd been married for 35 years. And I thought I can't go into retirement with this man, I can't'. (Joan, aged 67, 'Breaking Out')

Joan made a last minute leap when faced with the prospect of retiring and still not being true to her sense of self. Agnes waited even longer, until her husband died of old age, before finally declaring herself to be a lesbian when she was 85. She feels she left it too late:

I'm too old, really now...I wish I was half my age... I'd have a chance of finding a partner. But not now. It's ridiculous to think about it at my age. (Agnes, aged 92, 'Finding Out')

But even if Agnes regrets not finding a partner, she has at least declared her authentic sense of self before she dies. There may be other women and men in Joan's and Alice's situations who do not take that last minute leap, their stories staying with them until death, comprising the LGBN 'Voices on the Margins.'

This section has addressed issues of recognition. The following section addresses issues of access to material and financial resources.

#### 4.3. Material and Financial Resources: Uneven access, gender and class

Access to material and financial resources is a crucial mediator in terms of ageing sexual subjectivities (Heaphy, 2007). The majority of the participants were, by self-definition and/or by occupation and pension status, middle class, with relatively comfortable material lifestyles (see Chapter Three). A much smaller number were on state pensions and benefits, with far more restricted and restrictive material circumstances as a result. The distinction between two sets of lifestyles is quite



revealing. Ken, a home-owner, and a landlord, with a private income, is quite dismissive of his disposable income:

I don't spend enough money... If I go out with friends to London, we'll go to Weatherspoons. Twice! For lunch and dinner. I'm not proud.... I don't mind expensive holidays if I know I got the best deal possible. I'm a great one for picking up bargain theatre tickets.... I mean this weekend, we've got a special deal on gliding ... I took some of my friends micro lighting, huge fun... I think I paid £49.... And this (gliding) cost £55. (Ken, aged 64, 'Out Early')

By contrast, Dylis has an involuntary insolvency arrangement which will not end before she dies, lives on benefits, and has an extremely frugal life. She describes her disposal income:

If I can't afford a newspaper during the week, I won't have a newspaper... it makes me a bit resentful that there are things the girls do in the group that I can't afford to do... I feel guilty that I can't put any money in the collection plate at times... Yes, I am depressed, but by circumstance, if I had a bit more money, I'd be brighter. (Dylis, aged 75, 'Breaking Out')

While Ken's understanding of being careful with his finances is eating out in Weatherspoons ('twice'), Dylis' understanding is focused around whether or not she can afford a newspaper. It impacts upon her social life ('there are things the girls do in the group that I can't afford to do'). Whereas Ken describes himself in another part of the interview as 'a lucky bugger', Dylis feels depressed 'by circumstance'. The differences between Dylis and Ken flag the processes of cumulative advantage and disadvantage across a lifetime (Dannefer, 2003).

Gender is of particular significance. While the economic status of LGBN women and men is not yet well understood (Uhrig, 2013), what is known is that single older women (irrespective of sexuality) are more likely to live in poverty than single older men; in fact they are the poorest in society (Arber, 2006). Dylis and Ken are

differentiated by gender, parenting status and careers. Dylis was a university hall porter; Ken was a university lecturer. Dylis has a daughter and a grandson and has had part-time jobs to fit around child-care. Ken has no children and has worked full-time throughout his career. Dylis has helped her daughter out financially, especially when her daughter's marriage broke up. She let her daughter live in her house rent-free for many years (rather than letting it out) while she lived with her previous partner. Ken made some very astute property investments during a previous property boom and is now a private landlord, letting properties out for an income. These different, intersecting, aspects of their lives have resulted in very different material outcomes in older age.

The issue of differing, classed, trajectories (Taylor 2011b) were also raised in the interviews with the 'Lesbian by Choice' participants who observed different material outcomes for women who had engaged alongside one another in radical feminist activism in the 1970s and 1980s. Cat, living on a state pension, in private rented accommodation, commented on her present situation:

And the social workers and the teachers who are now retired, they've got their holidays and their pensions ... I sometimes think it would be nice to go off somewhere nice and hot. There's always that 'Am I going to be able to pay my way?' I'm very frugal with my money. Because I like enjoying myself. But you know, seeing Patti Smith last week cost me £25. Well, that's a lot of money to come out of a pension. (Cat aged 63, 'Lesbian by Choice')

Cat is living in financially constrained circumstances. By contrast, Jennifer, a professional, still working, living in her own property is relatively more financially secure. She talked about the different trajectories of ageing radical feminist activists:

We became mainstreamed and we have comfortable lives and we hope to have comfortable retirements. Many of the people we campaigned with and worked with in those days, didn't do that, couldn't, or didn't,

they worked in, you know, manual trades or caring, didn't make a profession of their lives, are very, very poor now and, really, often in poor health and in really quite difficult circumstances. And we could have been there, but we took this very bourgeois choice to opt in, and these are the people who had the same politics, and you do notice it now. (Jennifer, aged 62, 'Lesbian by Choice')

This extract highlights how material inequalities differentiate between older LGBN individuals including between and among older women, based on class distinctions, and particularly educational and career opportunities and choices.

Class also has implications for quality of life in other ways. Ian and his partner, Arthur, property owners with private pensions, observed:

I think we've been lucky that we've never come across any homophobia where we've lived. [Our friends] went to live on a council estate and the neighbour and his kids were making threats and were being abusive.... Because we're moving in a middle class environment, people are more worldly wise, open minded. (Ian, aged 69, 'Breaking Out')

So, here, we can see how, for Ian, class (private housing/council housing; working class area/middle class area) is perceived to impact risk. By contrast, Les, a professional who went bankrupt in his 40s, is now in receipt of welfare benefits and living in rented accommodation. He has experienced, and at the time of interview was continuing to experience, homophobic harassment in his sheltered housing complex on a local authority housing estate, having moved there after harassment in a previous sheltered housing complex.

It came out accidentally by some stupid man who came to visit me and made an awful racket, I think he was just showing off. And the people in the flat above me heard, and she told the people behind me, and the same day there were shouts of 'Poof, poof'... over three years of abuse.... It never became physical, thank goodness, although there was one threat of that. Just shouted abuse day or night.... This woman had her little child out at 2 in the morning and she taught him to shout 'Poof... (Les, aged 64, 'Finding Out')

Les locates his 'outing' in his friend's disinhibited behaviour, but he also locates his neighbours' homophobic responses, in the context of issues of class:

If you can buy a property, you can move into a middle class area. And middle class people, I'm sorry to say it, are more educated, more intelligent, know more of the world, been to university, blah, blah, blah. They don't think being gay is anything to worry about. I can tell you that in the last 10 years, I've had an employer who was gay, who lived with his civil partner, they lived next door to another couple who was gay, they lived there for about 15 years, the other couple lived there about 12, they lived in a cul-de-sac in [affluent area], everybody knows they're gay, apparently it's called the pink end of the street, they've never had any problem, no problem from kids, no problem from anybody, and that's totally different [from my experience]. So utterly different. (Les, aged 64, 'Finding Out')

This extract highlights the power of material, classed, spaces and the 're-inscribing of constructions of "respectable", "ordinary" middle-classness, where sexual status did not necessarily erode classed claims and capitals' (Taylor 2011a: 596). In this way, economic resources can, for some, 'facilitate a fuller sense of ordinariness' (Heaphy, Smart and Einarsdottir 2013: 2581). Differential access to dis/advantaged normative spaces produces 'winners and losers' of spatial inequalities (Casey 2013: 142), within which binary Les would most definitely locate himself as a loser in later life.

## **5. Concluding remarks**

My analysis has contributed to achieving wider and more diverse understandings of ageing sexual subjectivities among older LGBN individuals. My cohort model takes into account both identity-based and non-identity based accounts of sexuality, and sexual identities/sexualities which have been produced through and against differing age standpoints and temporal contexts. I have highlighted the gendered differences in understanding of now-ageing LGBN sexual identities and sexualities, and have shown how past and present interact to produce differing accounts and experiences of ageing.

I have also shown that, while ageing is experienced in the context of sexuality for the men participants, it is understood by women participants to be a matter of both gender *and* sexuality, each of which contribute to a sense of cultural devaluation and invisibilisation especially among single women. In this way, through the lens of intersectionality, older LGBN women experience ageing differently from both older LGBN men *and* older heterosexual-identifying women, and this is further nuanced by issues of cohort and class.

The next chapter addresses ageing LGBN kinship construction, again through the lens of the cohort model, considering, in particular, issues of relationship recognition and uneven access to the resource of informal social support in older age.

## **CHAPTER FIVE: CONSTRUCTING KINSHIP**

### **1. Introduction**

This chapter analyses participants' narratives in terms of kinship. In Chapter Two I identified the four tier system of legal privileging of relationship forms in the UK. I highlighted in particular the prioritising of the conjugal couple/ biological family, the marginalisation of friendship/ SLIFs and the heteronormative modelling of the ageing legal subject. This chapter considers how this is understood, experienced and navigated by participants, and what it means to them in terms of ageing. I offer new knowledge and insights in three main ways: demonstrating the significance of cohorts for readings of same-gender partnership relationship recognition; explaining how the multiple and diverse constructions of kinship among the participants, complicate, and at times contradict, 'family of choice' discourse; and highlighting the significance of intergenerationality for resources and recognition in later life.

My arguments here are threefold. Firstly, for these specific cohorts relationship recognition has particular salience in ageing contexts. The equality meanings and implications of partnership recognition are understood in different ways according to cohort. There is also a marked lack of interest in the legal recognition and regulation of friendship, beyond the elective means (Wills, LPAs, etc.) already available. Secondly, the participants' kinship constructions both support 'families of choice' discourse (elective, mutual, reciprocal, based on equality, choice and respect – Westom 1991, Weeks, Heaphy and Donovan 2001) and also complicate them in more blended kinship formations, elements of which can be informed by a sense of family-of-origin loyalty, duty and responsibility. I highlight a surprising disconnect, for some

single childfree individuals, between emotionally/socially meaningful personal community relationships and the disposal of material assets in Will-writing, which prioritises biological extended family. I argue that the kinship forms of older LGBN individuals are more complex, nuanced and layered than previous authorship has indicated. Thirdly, I suggest that, in terms of intergenerationality: older lesbians are marginalised (in terms of recognition) through processes of ‘compulsory grandmotherhood’; and older LGBN individuals (in terms of resources) are differentiated not only from older heterosexual individuals but also between and among themselves, through uneven access to intergenerational social support in later life. In this way, I propose, intergenerationality is central to understanding later life inequalities at the intersection of ageing, gender and sexuality.

## **2. Cohorts, Relationship Recognition and the Salience of Ageing**

In Chapter Two I highlighted the under-recognition of friendship in law. There was a profound silence from participants on seeking further relationship recognition in law, above and beyond that of partnership recognition. There appeared to be no appetite for the legal recognition (and regulation) of friendship. This would appear to support previous research which suggested that lesbian and gay ‘families of choice’ are based on reciprocity, mutual affection and trust, and a distinct lack of a sense of obligation or duty, and are particularly resistant to notions of formal legal ties and responsibilities, and to financial commitments (Weeks et. al., 2001).

For some participants, partnership recognition itself was already a step too far. This was most clearly articulated by Cat, aged 63, and Jennifer, aged 62 (both from the ‘Lesbian by Choice’ cohort), Alice, aged 60 (‘Out Early’) and Iris, aged 61

(‘Breaking Out’). All embedded their arguments in feminist discourse linking marriage with gender and sexuality e.g. ‘I think part of the delight, if we have any payoff for being gay, I think it’s our struggle to be as we are. I don’t really want to have to hang on to some sort of heterosexist notion of being tied together’ (Alice, aged 60, ‘Out Early’); ‘I’m an old hippy feminist... I’m anti all that stuff’ (Iris, aged 61, ‘Breaking Out’). Jennifer was the most vehement in her opposition to relationship recognition in any form:

I don’t like relationship recognition. Let’s just get rid of this... I don’t like the law coming in... The law doesn’t work for women, it doesn’t work for minorities generally... so I’m absolutely uninterested in relationship recognition. (Jennifer, aged 62, ‘Lesbian by Choice’)

The extract from Jennifer’s interview raises an important counter-narrative involving not only opposition to civil partnership<sup>121</sup> (Rolfe 2011; Rolfe and Peel, 2011), but also opposed to wider forms of relationship recognition (Barker 2012). Jennifer sees law as gendered, and, in its gendering, disadvantageous to women. Jennifer also expressed concerns about couple privilege:

I’m absolutely uninterested in relationship recognition. I think the way it’s been in our society, it’s about flaunting the fact that not only are you sort of within the legal regulation, but someone loves me, I’ve got someone, I’ve got someone, you haven’t. I have that. It’s like you’re doubly privileged. So that’s what I don’t hold with. (Jennifer, aged 62, ‘Lesbian by Choice’)

Here Jennifer (who is in a couple herself, but not a civil partnership) is raising the issue of the privilege of both couple status and legitimised couple status. This was a concern for Billy too:

When you get to the stage of civil partnership, every gay person doesn’t have to do it, it’s not for everybody, that’s not the thing, it’s not some

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<sup>121</sup> Interviews were conducted prior to the introduction and implementation of the Marriage (Same Sex Couples) Act 2013 and Marriage and Civil Partnership (Scotland) Act 2014



kind of 'Oh, I'm better than the guy who shags around'. No, it's not that. It's not that at all. I don't give a stuff whether they shag around. If that's what makes them happy, then, though it probably wont. But I'm not coming down with a first and second class agenda among gay people. I wouldn't have that. Absolutely not. (Billy, aged 61, 'Breaking Out')

This extract can be read in two ways. Billy is saying that people don't have to engage with the heteronormative hierarchy of relational practice just because legal recognition has come along. But he also recognises the possibilities that increased inclusions for respectable (Richardson 2000) coupled gay men may lead to increased exclusions (Smart 1989) for more 'unrespectable' gay men.

The majority of participants saw the formal legal recognition of same gender relationships in a very progressive light, nuanced by their particular age standpoints. For those of a comparatively short period of engagement with a LGBN, who have formed their first same gender relationships following the CPA (e.g. Marcia, Angela, Yvette, Ellen), access to civil partnerships appeared to be somewhat unremarkable in their discourse: they were accessing something already available *before* they formed their same-gender partnerships. This echoes the narratives of younger people in same-gender couples, as reported by Heaphy, Smart and Einsdottir (2013). For those who had 'come out' and/or been in same gender relationships prior to civil partnerships, i.e. when there was no legal mechanism for the formal legal recognition of same-gender relationships, civil partnerships were much more remarkable:

Because if you're my age...it is almost impossible to believe that we're here. ... I just can't believe it. Civil partnerships? Can you imagine? Never, never. (Billy, aged 61, 'Breaking Out')

This extract shows how, for Billy, access to relationship recognition within his lifetime is almost impossible to comprehend, indicating just how quickly socio-legal change in

relationship to LGBN rights has occurred. For Jennifer, despite her opposition to relationship regulation, she has observed how civil partnerships have contributed to social change:

I do think in the last couple of decades the whole terrain has changed. I do think the Civil Partnership Act played a big part in that, not that I was in favour of it, I just thought it was a waste of time – but I do think it made lesbians and gays very, very visible and it did make it possible for lots of people to be visible in their families and in the workplace and [trained] a whole range of people and services across the country to recognise, which they never did before, so many people just didn't see, you would know that someone was lesbian or gay. (Jennifer, aged 63, 'Lesbian by Choice')

So for Jennifer, approaching civil partnership from a comparatively longer period identifying as a lesbian (than, say, those LGBN individuals in the 'Late Performance' cohort), her understanding is that it has played a key part in increasing LGBN individuals' inclusion in family and social spaces. Jennifer frames this in terms of equality of recognition, in terms of both visibility and social status.

Participants who had been involved in lesbian and gay rights activism saw access to partnership recognition as a hugely political as well as a deeply personal act (Peel and Harding 2004). Martin, for example, who has been with his partner Bob for 32 years, said about their civil partnership ceremony:

It was an important political thing, it was important to recognise our love and our relationship, but it was a milestone in civil rights ... a political message of being out. (Martin, aged 62, 'Out Early')

Here Martin emphasises the significance of the mix of love and politics (Smart 2008) in the context of citizenship discourse (Harding 2011). He and his partner met through politics, have been lifelong gay rights activists, their resistance (Harding 2011) has suffused their relationship, and their relationship has suffused their politics (Clarke, Burgoyne, and Burns, 2007). For them both, from an age perspective, access to

partnership recognition is a culmination of both their personal and political lives. Sam also articulated a political reasoning for entering into a civil partnership after being with his partner for 37 years:

I thought it was important. I thought it was an important statement to make. A public statement and an important statement to make for the progression of LGBT rights. I think we're still not there yet in this country. There's still the heterosexism, the assumption that everyone is heterosexual, and I think that if more and more engage with partnerships and legal aspects of partnership, I think it becomes part of the ether of what's around in society. My partner would say he primarily did it for his pension rights, for financial reasons. Fine, that's OK. That was his concern, about financial security [for me, because his health is 'not so good']. (Sam, aged 61, 'Out Early')

This extract highlights the salience of ageing in relation to civil partnerships, on several levels. For Sam, it was important to enter into a civil partnership as a political act, and act of resistance, in support of 'LGBT' rights, in the context of the many, many years when he and his partner had not had access to relationship recognition in law. But for his partner, his decision was more informed by the embodied experience of an ageing, ailing body, and wanting to ensure financial security for Sam when he dies, echoing Shipman and Smart's 'everyday reason' (Shipman and Smart 2007: 16) of forming civil partnerships out of a sense of mutual (financial) responsibility for partners. Judith and her partner, now deceased, also formed a civil partnership for utilitarian reasons, as she explained:

Completely practical reasons. She wanted me to have her pension when she died. And I wanted to be the next of kin if anything happened to her. (Judith, aged 71, 'Finding Out')

The wish to protect the surviving partner, both materially and in terms of power and authority to be present while a loved one is dying, and to have formal legal authority after that loved one's death, informed many participants' narratives:

There was the whole business about if you haven't got a civil partnership, what rights do you have in law, and if one of use took ill or one of us died, you know the threat that, we'd seen the film then about the two women... where the nephew comes in, and takes everything, so I think that was part of the motivation, to see that everything was legally there. (Tessa, aged 58, 'Out Early')

For Tessa and Ellen, then, as for many other participants, making sure they had rights in terms of end-of-life and inheritance was of key significance (Shipman and Smart's utilitarian 'legal recognition'). Among the more privileged couples, those with greater disposable wealth, the wish to secure inheritance privileges for partners (see Chapter Two) was a particular concern. Tessa also mentions the film about two women, which was subsequently clarified later in the interview as 'If These Walls Could Talk'<sup>122</sup>. A number of lesbian-identifying participants made reference to this film and the spectre of being excluded from a loved-ones final days, and from access to property and funerals upon death. This fear was particularly strong among those individuals who had engaged longest with LGBN identification and performance. In this way there was a combination of practical 'go to' (seeking legal protection) and 'go from' (avoiding legal vulnerability in the face of possible exclusion) reasons for forming civil partnerships, both constituting acts of resistance.

While for many of the men participants civil partnerships meant increasing social status and legitimisation, among the women participants, civil partnerships were also understood a means of increasing visibility:

They might have the view of you as two elderly ladies living together, they never actually do anything you know, it's companionship, that sort

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<sup>122</sup> 'If These Walls Could Talk Too': A collection of three short films, the first of which depicts a bereaved lesbian, in the 1950's, who had been in a closeted relationship, being denied access to her dying partner, and then after her partner's death, having her partners' estranged nephew take possession of their property and shared personal effects, with no recognition of the true nature of their relationship or of her bereavement: <http://www.nytimes.com/movies/movie/186837/If-These-Walls-Could-Talk-2/overview>

of thing. But if you actually say 'we're civil partners' then it implies that there is more to your relationship than they actually think. (Moir, aged 75, 'Out Early').

This extract shows the significance of the CPA through the lens of gender, for increasing the visibility of an older lesbian couple. Civil partnerships enabled Moira and Violet to become visible as partners, resisting invisibility reproduced by gendered heteronormative assumptions that, as two older women living together, they are just 'companions.' In this sense, ageing gives civil partnerships an added equality dimension, which goes beyond Shipman and Smart's 'public statement of commitment' to a relationship to one which renders that relationship visible at all. For Billy, by contrast, the issue was less one of visibility and more of cultural value:

Well, we'd been together over 30 years at that stage. When it came in for the first time in my life I felt somehow rather validated. Someone was saying, look, you're not a wee shit. It was very, very big thing. You'd been told, to start off, that you were a criminal. You were going to hell. There was nothing about you that was worth bloody while, didn't matter what you did, you were never going to come to anything. And then there was somebody saying, yeah, you two, you can do this, you can sign this piece of paper, and it's public, you've got to put this notice on the board. Everybody can see it. That's bloody important. (Billy, aged 61, 'Breaking Out')

Billy's moving account highlights the significance of the shift from stigma to social inclusion and validation. This theme of increased social status post-civil partnership (Shipman and Smart, 2007) was particularly evident among the narratives of the gay men. It may be that the loss of power for gay men, through stereotypical hetero-masculine privilege (Schrock and Schwalbe, 2009), and its partial recovery through the legitimisation of civil partnership (Green, 2013), may result in greater emphasis on the significance of status, and resistance to stigma, among gay men than LGBN women (who remain marginalised by gendered power differentials). This may be

more profound for those gay men who had been out and/or in a same gender relationship for the longest periods of time who had also experienced this comparative lack of status for longest.

The women participants, by contrast, had a much more diverse, and for some, ambivalent, engagement with civil partnerships. For example,

Well, I really wanted to. It felt like a lot of work had been done by a lot of people [detail] to get us to that point, and I felt I wanted to honour all of that. It wasn't to tie Daphne down at all, because there wasn't any need for that, it was just to honour the work that had been done to get us to that point? (Sandra aged 61, 'Breaking Out')

Sandra articulates here both a celebration of the political achievement, but also a strong wish to distance herself from, and thereby resist, patriarchal 'ownership' connotations of heterosexual marriage (Barker, 2012). Her civil partner Daphne, also expressed this distinction:

I used to say to people, I don't know if you know the line from the Joni Mitchell song, 'We don't need no piece of paper from the city hall, keeping us tied and true' and I didn't ever feel that we needed that, because I feel we're stuck with each other for life really... But I agree with what Sandra was saying, why wouldn't you do it when so many people have done so much to get us there. (Daphne, aged 60, 'Out Early')

In this extract Daphne, quoting a line from a Joni Mitchell song<sup>123</sup> reflects the anxieties expressed by those women participants with particularly strong feminist allegiances that they might be perceived as 'selling out' and colluding with the heterosexist relationship model of marriage by entering into civil partnerships (Goodwin and Butler, 2009) and their ambivalence (Harding, 2007) in choosing to do so. This was also echoed by Judith, whose civil partner died last year, explaining their preference for civil partnerships over marriage:

We both really didn't want anything that was like marriage. We'd both been married, and we didn't want that. If people want to, fine, but we didn't. I think 'civil partnership' is nice and clean and different enough to be OK. (Judith, aged 71, 'Finding Out')

This is an example of the very clear wish for relationship recognition that is different from heterosexual marriage. By contrast, the 'Late Performance' participants who located their sexualities in relational contexts, rather than political ones, particularly those who had previously been married to men, desired the very opposite, namely the 'sameness' of heterosexual marriage recognition. Maureen, who was previously been married to man, explained:

I wanted to legitimise our relationship. There have been occasions when, you know, you call each other girlfriends, but it's not, it's much more than that and even the word partner .... I just felt it legitimised our relationship... and it was a way of saying, this is us, this is what we are, this is what we do, I want to make a noise about it, and really celebrate it and have a date. When you get married, you have a proper date for a proper anniversary. Let's face it we've all been used to that, haven't we? It's just normal. (Maureen, aged 62 'Finding Out')

Maureen is expressing resistance to same-gender relationships being treated as different and 'less than' heterosexual relationships. When she says 'we've all been used to that' she is speaking from the standpoint of having lived a large part of her adult life within the framework of a heterosexual identity. Many older LGBN individuals who have been out for many decades have *not* been used to it, which is what makes civil partnerships so remarkable to them.

Bridget wants the sameness of heterosexual marriage discourse:

I introduce Liz as my wife, you know, but really she's not, she's my civil partner, so, to be able to actually say legally that she's my wife would be really, really nice... I think it's about possession, isn't it? Because she is mine, and I want people to know she's mine and she spoken for. (Bridget, aged 66, 'Late Performance')

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<sup>123</sup> 'My Old Man' by Joni Mitchell: <http://jonimitchell.com/music/song.cfm?id=159>

While Bridget wants to establish ownership of Liz, for some women the notion of ownership was particularly problematic:

I do have a little bit of an issue with people calling themselves husbands and wives, in a homosexual or a heterosexual relationship, because there's an element of ownership... Sandra's not my wife, she's my partner. There's something more equal about being a partner than being a wife. (Daphne, aged 60, 'Out Early')

So Daphne, whose sexuality is located in feminist discourse, resists likening her civil partnership to marriage, because she wants to avoid associations of ownership. Bridget, by contrast, who ambivalently identifies as bisexual and locates her sexuality far less in feminism, feels civil partnerships are not enough because she *wants* to be able to claim ownership of her woman partner.

There was a very clear split among the interviewees between those who were in favour of same-gender marriage, and those who were not. The feminists who objected to civil partnerships, not surprisingly, also objected to same-gender marriage. Some participants thought civil partnerships, and the recognition and rights they afforded, were sufficient, e.g. 'We've done it. In all senses it is a marriage, isn't it? (Maureen, aged 62, 'Finding Out,' referring to her civil partnership with Joan). Those who were in favour of same-gender marriage located their arguments in 'equality of opportunity' contexts:

We should be able to get married, so that homosexuals are on the same footing as heterosexuals. (Jack, aged 66, 'Breaking Out')

That's my armed forces argument, not that I want people to go into the armed forces, because I'd rather we did things a different way, but, if it's there, we should all have equal access to it, and the same goes for marriage. If it's there, it should be given to us as much as anyone else. (Martin, aged 62, 'Out Early')

It is a matter of equality, it isn't a matter of discrimination. Either people are equal or they're not. Why can't heterosexual people have civil relationships if they want to? (Alastair, aged 76, 'Out Early')



In each of these three extracts, the participants are emphasising equality in terms of being entitled to access the same institution as heterosexual couples. Other gay men – but not LGBN women – participants located marriage in terms of procreation, which they in turn positioned in terms of heterosexual relationships:

I'm quite content that a marriage is between people who are going to procreate and produce children. I don't see why my partnership would have to be called a marriage in the conventional sense. Why can't we just say it's a celebration of being together and leave it at that? (Ken, aged 64, 'Out Early')

Because I don't think marriage is necessary. I don't think marriage is right between two people of the same sex.... Because of the children thing... (Arthur, aged 60, 'Out Early')

What is interesting here is that it was the men participants (far fewer of whom had children) who showed a sense of disconnect between child-rearing and same-gender relationships, compared with the women participants who did not (and who were much more likely to have children).

Participants' narratives about partnership recognition highlight the place of ageing in equality discourse in general, and narratives of resistance in particular, in relation to kinship. Firstly, civil partnerships have particular meanings for older LGBN individuals who had been 'out' and/or in long-term partnerships for the longest period of time. Living long enough to see, and be a part of, this dramatic change, and in particular the success of their personal and political resistance to formal relationship inequality, held particular significance for them.

Secondly the utilitarian benefits of civil partnerships have particular salience to older LGBN individuals in general for several reasons: because of the greater imminence of death and dying; because, for those in couples in particular, of the

heightened need to ensure legal protections for surviving partners made more pertinent by that imminence, particularly at times of age-related ill-health; and to ensure, for some (like Phil who resists the privileging of biological family) that assets are not dispersed to extended family by heteronormative intestacy rules. It is not that these issues are not also relevant to younger LGBN individuals, but that they become foregrounded for older individuals who are coming closer to their own and/or their partners' deaths.

Thirdly understandings of civil partnerships are nuanced by gendered age standpoints in several ways: older lesbians being informed by their experiences of invisibility both as individuals and in their partnerships (recognition in terms of visibility); older gay men being more informed by issues of status (recognition in terms of cultural value); feminists (particularly those of the 'Lesbian by Choice' cohort) ambivalent about and/or rejecting of the formal legal regulation of relationships (resistance to patriarchy); previously married 'Finding Out' and 'Late Performance' women keen to (re-)experience the sameness of status and value (but not oppression) for their same-gender partnerships as that of their previous heterosexual marriages. In this way, ageing gives shape to these 'before and after' perspectives on civil partnerships.

The narratives of participants in couples also confirmed the entrenchment of the conjugal couple as a primary and prioritised relationship form in modern LGBN kinship discourse. This again echoes the work of Heaphy, Smart and Einsdottir (2013), studying same-gender couples under the age of 35, who observed 'While socialising with friends was valued, the couple was almost universally seen as the most

important relationship' (Heaphy, Smart and Einsdottir 2013: 1363-1365). However, their research was only with couples, so they were unlikely to get non-couple orientated perspectives. The participants in my research were a mix of singles and couples, and while for some of them a partnership was at the heart of their kinship, for others it was not. This is addressed next.

### **3. Diverse Kinship Formations: Beyond 'Family of Choice'**

In this section I consider kinship in terms of composition and the prioritisation of relationships within that composition. In doing so I complicate, and to a certain extent contradict, 'families of choice' discourse. 'Families of choice' discourse originated in Kath Weston's (1991) work, where she suggested that 'LGB' individuals used the term family not to describe biological family but rather partners, friends and children. Weston also suggested that families of friends were more fluid than biological family networks, and had a stronger element of choice to them. This was developed further by Weeks, Heaphy & Donovan (2001) who suggested that lesbian and gay 'families of choice' are based on reciprocity, mutual affection and trust, and a distinct lack of a sense of obligation or duty. However more recent work conducted by Heaphy, Smart & Einarisdottir (2013) with young same-gender couples under the age of 35 had suggested a de-coupling of friendship from notions of family and increased prioritization over the nuclear family form and biological families.

Spencer and Pahl, by contrast, have proposed a far more nuanced analysis of different types of kinship formations (Pahl and Spencer, 2004; Spencer and Pahl, 2006), which they called 'personal communities' (Pahl and Spencer, 2004: 199). Pahl and Spencer (2004) identified six different types of personal community formations:

1) friend-like (more friends than biological family and a wide spread of types of friends); 2) friend-enveloped (a strong outer ring of friends but with biological family, partner and children -‘family’- prioritised at the centre of the personal community; family-oriented (‘family’ outnumbering friends and also prioritised over friendship); family dependent (‘family’ outnumber friends and are also relied upon for support); partner focussed (emphasis on partner as prioritised relationship with friends and extended family having secondary significance); professional dependent (small personal communities with professional relationships at the centre) (Pahl and Spencer, 2004).

Rather than reflecting either the earlier ‘families of choice’ work and or the more recent ‘return to the family’ narratives suggested Heaphy, Smart and Eisndottir’s research, my analysis reflects something more nuanced and more closely relating to Pahl and Spencer’s analysis. I suggest that older LGBN kinship composition is shaped by cohort, gender and intergenerationality, and that it is far more diverse, and involving blended families, than previous researchers have proposed. However, despite this, I also argue that there is a surprising disconnect between friendship and property in the disposal of assets in older LGBN individuals Wills, with many single individuals, even those with personal communities which prioritise friendship, nonetheless showing a strong sense of duty and responsibility towards biological family, complicating both families of choice and personal community narratives.

### 3.1. Kinship composition

This section explores participants' narratives about their kinship networks, in terms of: size and form; the place of blended families in more recent kinship forms, narratives of estrangement and of reconciliation; and narratives which serve to complicate the egalitarian ideals often linked to same gender families.

#### 3.1.1. *Diverse sizes and forms*

Participants described a wide range of social networks, very reminiscent of the continuum of relationships in the 'personal communities' described by Pahl and Spencer. In terms of number, some participants had a network comprising just a single individual, while others had a network involve large numbers of individuals. Les, who describes himself as very 'introverted' and suffers from a phobia of public transport, has very little contact with his biological family, and described the smallest network of all the participants:

I've only got one really good friend now, and he's a married guy, his wife doesn't know. But it's got to be limited all the time.... It's not having a network of friends that depresses me. (Les, aged 62, 'Finding Out')

So Les' 'personal community' comprises just one person, and he links his lack of a more robust network with his mental health problems, which echoes research linking social support and social network size with physical and psychological well-being (Fredriksen-Goldsen, et. al. 2013). By contrast Ken - also single and childfree, also with a sister with whom he has little contact ('My sister and I don't get on well. Oddly enough, I think she's slightly uneasy about me being gay', Ken, aged 64, 'Out Early') – has many more friends and acquaintances. According to Ken he has a 'couple of dozen' long-term friends whom he sees regularly and 'I probably see half a dozen of them

every week.’ These are examples of personal communities which are centred upon friendships. By contrast, Jack, also single and childfree, has a personal community which comprises friends and biological family, to whom, in terms of closest friends and closest biological family members, he understands both to be ‘family’:

I’m not typical of older gay men I think because I’ve got loads of friends and I’ve got loads of women friends. I’m very close to my sister and my niece who lives [abroad], she’s got three children and I adore her. She came and stayed a week with me, we had a wonderful time, totally open with her about everything... But my friends are my family, lovely close friends I’ve got... there’s just such a closeness, a feeling of mutual support. Emotional support. Always there for one another. Very mutual, not at all one sided. Happy times. [Practical support too] ... like my friend if he ever has to go to the hospital or anything like that, I’ll go with him. (Jack aged 66, ‘Breaking Out’)

So here we see a network involving friends and family, with ‘friends’ conflated with, rather than distinguished from, biological ‘family.’ Many of the childfree women participants also spoke about kinship networks involving both friends and biological family. Childfree women from the earlier cohorts tended to prioritise friends over family, as this extract from Sandra and Daphne’s joint interview highlights:

Well, in terms of biological family, my younger brother, his wife and his kids. I adore the kids, Daphne’s not so keen on children. So [they] are my family, and my mum, of course. But we also have some very good friends in [local area], you know, four or five, and they feel more [like family]... They’re all lesbians. They’re of an age with us. We have quite similar backgrounds and experiences.... Oh and sense of humour.... Sandra, aged 61, ‘Breaking Out’)

... That’s what’s so comfortable about our community here, [it’s] that we get it, we don’t have to do any explaining. And that’s why that community is comfortable. And that’s why our wider blood family isn’t. It’s not that we keep having to justify it, but it’s just like my sister, it doesn’t matter how many nice meals she puts on the table, and smiles, and all the rest of it, she doesn’t truly believe that we’re normal [laughs]. So, why should you be comfortable around somebody who thinks you’re a pervert? Whereas with our [lesbian] family, we know we’re normal. (Daphne aged 60, ‘Out Early’)

For Sandra and Daphne, then, their family relationships are nuanced by the extent to which their sexualities are accepted (or not) and their friendships enhanced by the commonality of sexuality. Alice also refers to a distance in her relationship with her biological family, but based more on history this time:

And there will also be those of us, a sizeable population, who didn't bring our families along with us. We became distanced. I mean they're maintained, our links with our biological families, but they're not our first port of call. We look to our friends I think. (Alice, aged 60, 'Out Early'.)

For Alice, friendships and the women's communities of the 1970s and 1980s were her new family form and she mourns their passing:

[It was] the late 70's, early 80's. And we all lived together. We were all what would now be called polyamorous, we called it non-monogamy, we tried lots of things, we tried living as companions rather than lovers, we tried having several lovers at one time, all sorts of combinations of things to get away from patriarchal models of living based on a gender division of labour and under the control of organised religion... The thought of that never happening again, well... [it feels] a bit like death. (Alice, aged 60, 'Early Performance').

Alice, no longer with her partner, feels acutely the loss of her radical friendships to what she perceives as a domesticated lifestyle:

... They have their houses which mean an awful lot to them, they've really slogged for them, they've got them really nice, just the way they want. They've usually got a house load of animals... They just do their allotments, they don't really look at society, they're not interested in the big questions... They're happy, they do what they want day in day out. If they get nice neighbours, they feel really lucky. They have holidays three times a year and they work at universities, things like that, they get paid well. I couldn't live like that. It wouldn't suit me, and I've given up on them being part of any intentional community. (Alice aged 60, 'Out Early').

By contrast with Alice's sense of loss and isolation, Cat, living in another part of the country to Alice, in a strong feminist community, continues to still feel well-connected to that community and her radical feminist principles (including her ongoing

gatekeeping of her contact with men). Cat also has a daughter, grandson, and son-in-law, whom she visits frequently, although she explains ‘My interactions with men, even with my grandson, are carefully thought out’ (Cat aged 62, ‘Lesbian by Choice’).

Many childwith women tended to prioritise children and grandchildren over friendship. Rene who has three grandchildren and two great-grandchildren, said for example:

Family is really, really important to me, and it’s not just [my daughter] it’s the grandchildren and the great-grandchildren (Rene aged 63, ‘’)

This is an example, then, of a family-centric personal community (Pahl and Spencer 2004). Vera who has six children and six grandchildren, also said:

I can no longer visualise who I would be if I didn’t have children, because I’ve had them for a very long time... my family means pretty much more than anything else to me. (Vera, aged 60, ‘Finding Out’)

So here we can see how Vera’s identity and sense of self is embedded in having children and grandchildren, and this may also be a gendered issue (see Section Three). The centring of the children-based biological family was not always the case: Julia’s two oldest children, for example, lived with their father after their divorce, and they are not close; she recently moved to be nearer her two other children, but sees them no more than she did before. Julia has few friends in her new local area, relying instead on her sisters for support.

The men participants with children and grandchildren, by contrast, showed varying involvement with them, some maintaining close ties, others more distanced. This extract from Andrew’s description of his civil partnership family is an example of how SLIFs and biological family are not simply integrated, but conflated:



We've been together since 1987. 26 years. We had our civil ceremony in 2008 and my granddaughters were ring bearers. My two boys came. And David's son Michael, he was his best man. My girlfriend ['she's like my sister, we've known each other since I was three']<sup>124</sup> was my best man and his son was his best man, as it were. (Andrew, aged 66, 'Breaking Out')

This is an example of the discursive and performative 'queering' of 'family' (King and Cronin 2013). Andrew's sons attended, his partner's son (who they co-parented after his partners divorce from his wife) was his 'best man'; Andrew's grandchildren were 'ring bearers' (using heterosexual marriage discourse); he uses the term 'girlfriend' for a woman who is actually his platonic best friend, whom he then describes in familial terms ('like my sister') to explain their closeness; and his 'girlfriend' is then also described as a 'best man', mobilising both gender binaries to describe her relationship with Andrew and her role in his civil partnership ceremony. So not only were children and grandchildren central to the event, but also his friend/sister was interwoven into family discourse to make it a completely 'family' event.

This section has offered but a small sample of participants' narratives about their kinship networks. It has served to highlight how participants vary widely in terms of the size and composition of their networks, and the extent to which they prioritise friendships, partnerships and/or biological family relationships within their networks. The next section explores how those networks can also comprise relationships which go beyond the binary of friendship or biological family and raise again the importance of SLIFs in the lives of older LGBN individuals.

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<sup>124</sup> Taken from another section of the interview.

*3.1.2. Blended families and SLIFs*

In this section I shall consider how participants described a range of significant relationships in their kinship networks which go beyond the friends/family binary. Older LGBN individuals' continuing ties with their ex-partners is a well-recognised feature of 'families of choice' (Weston, 1991; Weeks, Heaphy and Donovan, 2001). This was evident in the narratives of many of the participants. May's ex-partner has cancer and now lives with her: 'She's not back as my partner, she's back as a friend in need' (May aged 64). Violet and Moira cared for Moira's ex-partner in the final years of her life ('There she is on our window sill' said Violet, aged 73, pointing to a photograph). Jennifer (aged 62) has been with her present partner for over 20 years and describes her previous partner as 'kind of like a third person in our relationship'. Ian (aged 69) and Arthur (aged 60) are 'best friends' with their ex-partners, who are now partnered to one another. Des' ex-partner comes to stay with him in his sheltered accommodation: 'my ex-partner... comes to visit me, and when he comes, he stays in the guest suite on the ground floor' (Des, aged 69, 'Finding Out'). Moira explains the significance of ex-partners:

It's kind of family, they're family. Because in our sub-culture, which may not in the future go on quite as it has done, but because we were in a secret world, it's family, and it's a fairly small world, and you're living in the same community. So if you don't get on, it can be very difficult for your friends. (Moira, aged 75, 'Out Early')

While 'families of friends' research has recognised the significance of ex- same-gender partners in the kinship networks of 'LGB' individuals, what is less well-recognised is the significance of ex- opposite-gender partners in the lives of older LGBN individuals. Yet several participants spoke of maintaining close ties with ex partners from heterosexual relationships. Des, for example, said,

My daughters come up here about three or four times a year, with my ex-wife. Or should I say they really come for the shopping. I put them up in [a local hotel]. They come up here just for one night, call in on the way, say hello, and then they go shopping, I have a meal with them in the hotel in the evening, and then they call in for breakfast on the way down the next morning... and then I go down in November to visit them for three days. (Des, aged 69, 'Finding Out')

Des also often speaks to his ex-wife (who has remarried) on the phone. He talks to her about his problems. For example, Des is worried about his memory and has discussed this with her: 'I do get a bit worried at times... [but] my ex-wife says that she forgets things as well' (Des, aged 69, 'Finding Out'). Joan and Maureen also have close, and ongoing, ties with their ex-husbands:

*Joan aged 67:* Maureen's ex-husband is painting the outside of our house.

*Maureen aged 62:* [It's become amicable]... It took a long time. We were OK with each other after a while, although it was a bit strained. But then he got ill. And I used to just pop in, have a quick coffee with him. He's fine now, he's OK.

*Joan aged 67:* But he brings his problems to you...

*Maureen aged 62:* Yes, he does, and the dog... He tried to get me to iron his shirt yesterday. He said 'You haven't ironed a shirt of mine for twenty years'. And I said 'I'm not starting now'. [Laughter]

These are interesting examples of postmodern 'blended' family constructions and of enduring ties between individuals beyond the formal legal recognition of relationships. Another example of this is not in relation to ex-partners, but in relation to children and ex-children. Ian and Arthur are supporting Ian's ex-daughter-in-law and her two children (who live near them) materially, practically and emotionally. Ian's son has a new partner and children and Ian says, 'I've in a way disowned him because he's not looked after those kids, never mind the new ones he's got' (Ian, aged 69, 'Breaking Out'). So here, Ian has skipped a generation in providing support, and is supporting his grandchildren's mother, to whom he is not biologically related, over his son, to

whom he is. In this way we can see how older LGBN kinship networks are becoming increasingly complex, varied, and context contingent.

*3.1.3. Narratives of change*

Participants also spoke of relationships changing with time. Sam and his partner (childfree) had a friendship network drawn from their careers (combination of Pahl and Spencer's 'partner dependent' and 'professional dependent' personal communities). Now they have retired that networked has dwindled:

Our friendship groups have actually diminished over the years [detail]. Since leaving work that's narrowed it down even more. So I can see the day, looking at the pattern of my life, is that will get smaller and smaller, and people will either have died off or drifted away. And that's always in the back of my mind, it's like a little bell ringing, in the back of my head, saying beware, you need to be out there, because otherwise the world will get very small. (Sam, aged 61, 'Out Early')

This extract highlights then how ageing can change kinship networks, and that, without replenishing those networks, there can be a risk of increased isolation. The passing of time also saw shifting family attitudes and opportunities for reconciliation. In this extract from Lawrence's interview, he describes the shift in attitudes among 'my Evangelical Christian family':

Well, they've turned out to be all right. My sister gave a reading at our civil partnership. And they all came.... My niece and nephew... I am a great-uncle to their five children. My sister had a 60th birthday party a few weeks' ago, the entire family were there and we were very welcome. (Lawrence, aged 63, 'Early Performance')

So here we can see how, for some, family attitudes have become more accepting and inclusive across time and how, perhaps, the legalisation and legitimisation of same-gender partnerships may have contributed to that process.

Many participants from the earlier cohorts spoke of family rejections when they ‘came out,’ e.g. My mother said to me ‘I’m so glad your father didn’t live to see you living like this’ (Rupert, aged 68, ‘Out Early’), ‘Mother said ‘You’re worse than a death in the family’ (Rene aged 63, ‘Breaking Out’). Daphne describes her experience:

When I did tell my parents... when I was with Sandra, it was the worst thing I could have told them. My mother told me later, when she had been diagnosed with diabetes, that she thought it was the shock of me telling her that had caused the diabetes. She also said that, later, she had been crying, and my father had found her and she had told him, and it was the first time she had seen my father cry. So, on the whole, I wouldn’t recommend it. I wouldn’t do it again. She knew Sandra and liked Sandra, but as soon as she knew, she didn’t refer to her by name (again), this woman who had dragged me into a twilight world... ‘whatshername’ was how she was usually referred to. (Daphne aged 60, ‘Finding Out’)

Also across time Daphne’s mother, gradually accepted Sandra more, albeit somewhat grudgingly, even asking her to buy presents for Daphne on her behalf in recent years.

And there was also a moment of reconciliation at the end of Daphne’s father’s life:

The night before he died, I was there, Sandra was coming, and he could barely lift his head off the pillow, but he said ‘I thought Sandra was coming’ and I said she is, and she came, and when she came, he gave her a big hug, and that was quite affecting. And we travelled back home, and then got the call to say he died... [he knew] I was being looked after by someone who cared for me.... (Daphne aged 60, ‘Finding Out’)

This very moving narrative highlights how relations can change within families across time (Smart 2007), how love can overcome prejudice, as well as how death and dying can themselves have transformative powers. This is also apparent in the following extract from Billy’s interview:

I was great friends with John’s mother. But of course his whole family being Catholic, all the wedding invitations would come addressed to John, Christmas cards would come addressed to John, John would never go to any of the weddings, would not go to any of them. But then with his mother’s death, just over a year ago, I thought, I wasn’t going

to wait for the invite. So we both went [to the funeral]... And it's been incredibly healing. We were both accepted by the lot of them... Sometimes healing and reconciliation comes in lots of ways.... They asked me if I'd like to help carry the coffin... the fact that her eldest son asked if I'd like to carry the coffin, it was a huge, huge thing. (Billy aged 61, 'Delayed Performance')

This extract highlights how faith-based heterosexist family norms initially resulted in Billy's exclusion from his partner's wider family (despite being 'great friends' with his mother) for many decades (they have been together for over thirty years). It also highlights, as does the extract from Daphne's interview, how family attitudes can change. The big question is, of course, what has brought about these changes, and whether the shift in social attitudes has been brought about by a change in law (Harding, 2011), or whether shifting social attitudes brought about the change in law (e.g. Stychin, 2006). Most likely it is a combination of the two, as well as, in the context of faith, increasing divergence between religious doctrine at an institutional level and its interpretation (Valentine and Waite, 2012) and manifestation at an individual level (Yip, 2008).

Those individuals who have 'come out' and/or formed a same gender relationship in later life, especially the 'Late Performance' women, spoke of far greater family acceptance:

Much to my astonishment, I didn't give them the credit they were due ... my family is 100% accepting and there is no-one else in the family in a same sex relationship. They've welcomed Marcia with open arms, she's as much a part of the family as I am. I have not lost one friend, they're all very welcoming and last time I went back to [place] by myself, just to touch base with everybody, Marcia stayed here, they were all like 'Where's Marcia? Where's Marcia? Why didn't she come? We're devastated Marcia's not here'. (Angela, aged 64, 'Late Performance').

This extract demonstrates 'family' and 'friends' welcoming a same gender partner in the context of increasing family acceptance of same-gender relationships, not only

among young people, as suggested by Heaphy, Smart and Eisendottir (2013) but also among older people ‘coming out’ to their families in later life as well.

*3.1.4. Beyond the egalitarian ideal*

‘Social trust, solidarity and norms of reciprocity’ (Cronin and King 2013: 18) and an ethic of care (Roseneil 2004) are often considered the hallmarks of LGBN relationships, but some participants offered counter-narratives which suggested that this was not always the case:

I was 60 in a refuge... let’s just say it ended badly and I had justification for going to a refuge. (Rene, aged 63 ‘Breaking Out’)

Bernard had issues. He was difficult for me to deal with. He’d have sulky episodes, which I always find difficult [detail] ... he would become a bit violent, there were a couple of times when he would attack me, I didn’t retaliate, ‘Oh, mind my glasses’, I think I used to say (laughs) (Rupert, aged 68 ‘Out Early’)

These narratives serve to highlight the presence of physical violence and abuse within (older) LGBN individual’s intimate relationships (Donovan et. al., 2006), which can also involve emotional abuse (Donovan and Hester 2010). Several participants described controlling and critical same-gender ex-partners (e.g. Des, aged 69, Dylis, aged 75, ‘Breaking Out’ and Maureen, aged 62 ‘Finding Out’). For example, Maureen said of her late partner (prior to her relationship with Joan, now her civil partner:

We had a difficult relationship and it wouldn’t have lasted. But she got ill, and I didn’t feel I could walk away then. And I felt rather trapped, and I was trapped, and it went on for about five years... it was very hard, it was a black, black time... I did love her, but she was very difficult to live with, and because of her illness, it was affecting her oxygen levels, she became very, very obsessive-compulsive. She couldn’t move around and so she wanted everything just so... and so she was very difficult to live with. (Maureen, aged 62, ‘Finding Out’)

This extract demonstrates the tensions that can affect same-gender partnerships, when one partner becomes ill. There can be tensions arising from break-ups, as well.

For example, Tessa's ex-partner threatened to expose her at work, after Tessa had left her for Ellen:

She was talking to me on the phone and she said 'it would be very interesting for your headmistress if I came in and told her that her [job role] and one of the [job role] who is a married woman, are having an affair, she'd really like that, wouldn't she? And I just said, isn't it a shame, Lavinia, that even within our sexuality, as lesbians, we can even think about blackmailing each other like that. And that was it, she stopped, she never did it. (Tessa, aged 58, 'Out Early')

So here we can see the shadow side to the somewhat idealised notions of (older) LGBN individuals relationships, serving to both complicate transformation of intimacy narratives (Giddens, 1992; Weeks, Heaphy and Donovan, 2001, Roseneil and Budgeon, 2004) and supports Carol Smart's observation that 'it is important to emphasise both given and chosen families as fluid rather than seeing one as the replacement for the other, or seeing one as a haven in the flight from the other' (Smart, 2007: 675).

### 3.2. Disposal of assets in Will-writing

This section considers participants' formal legal arrangements for the disposal of their assets upon death, about which there is, as yet, very little research (Knauer, 2010; Monk, 2011 and 2014a), and none which focuses particularly on ageing perspectives. Over half of the participants had written Wills, meaning that they have a higher rate of Will writing than the general population, given that more than half of people in Britain die intestate (Ministry of Justice, 2011). There are several possible reasons for this. This was a relatively affluent sample, with substantial capital of which to dispose, and that might be one explanation. Another might be that it reflects a wish to ensure that intestate estates are not disposed of according to heteronormative defaults



(Monk, 2011). Not all of the interviewees discussed their Wills, as the subject arose through secondary discourse during the semi-structured interviews. Among those participants who had written Wills, and did discuss them, those in couples disposed of their estates in favour of one another. In childwith couples with children, the children were default beneficiaries and/or co beneficiaries.

Single individuals who had written Wills were informed by a balancing of affectional ties and a sense of duty and responsibility. For example, when Des split up with his civil partner (with whom he has an amicable relationship), he decided not to move back to the area he came from, where his ex-wife (with whom he also has an amicable relationship), children and grandchildren (including a disabled grandchild) live, but chose to stay in the area (a long distance away) where he has strong friendships, particularly through a local older LGBT support group. Despite this Des' beneficiaries are his ex-wife, children and ex-partner, and not his friends in the group. Des and his ex-partner have not dissolved their civil partnership (to protect his ex-partner from possible Inheritance Tax). For Des, it is extremely important to 'do right' financially both in regard to his ex-partner and his children and ex-wife:

I know I have their [children] respect.... I've treated them fairly. And I've treated my wife, ex-wife, fairly as well.... (Des aged 63, 'Breaking Out')

So here we can see how 'fair play' and a sense of 'family' obligation, which includes his civil partner, despite their permanent estrangement, informs Des' decision-making. The more important relationships for his everyday quality of life, his friendships, by contrast, are not included.

Biological family obligation has also informed Rupert's decision-making in the disposal of his estate. Rupert and his civil partner live very near Rupert's biological

family - brother, sister-in-law, niece and her husband. They receive little or no personal support, despite Rupert suffering from chronic depression and his partner experiencing major suicidal psychotic episodes: 'They don't like gay people... And they don't like mental illness' (Rupert, aged 68, 'Out Early'). Despite this, Rupert has already ceded the bulk of his estate to them, including his previous home, while he and his partner now live in an inferior property on the same estate. So Rupert also has mobilised a sense of duty and responsibility towards biological family members in his pre-death disposal of significant parts of his estate.

Bernice's decision-making also privileges biological family, although she does not have a Will. She has infrequent contact with her daughter and her major source of social contact and support is her friends, primarily those in the 'older LGBT' support group she attends. Bernice is nonetheless happy for her daughter to be beneficiary by default through intestacy rules:

[I don't have a Will] ... it's something that like everybody, I've put on the back burner to do one day. I have a daughter, so I know that if I didn't have a Will everything would go to her and I'm happy with that...  
(Bernice, aged 60, 'Finding Out')

So for Bernice, she is happy to let the intestacy default mechanisms operate to her daughter's benefit, echoing Finch and Mason's 'good parent' in terms of prioritising filial relationships over other relationships of love, care and support (Finch and Mason, 2000). Rene too prioritises filial relationships, but her decision-making in their regard is mediated by relationship quality. Rene's social network involves both biological relationships and friendships (her daughter, her sister, a close heterosexual woman friend; and a number of older lesbian social support groups). Her beneficiaries in her Will are, however, only her daughter and her son (from whom she is estranged):

[My beneficiary is] my daughter. A bit of money for my son, although we're now estranged, but my daughter basically cops the lot, and if anything were to happen to her, her kids. I haven't got all that much. Rene, aged 63, 'Breaking Out')

This extract highlights how the 'good parent' values of duty and responsibility are mediated, for Rene, by affectional ties within those 'good parent' obligations, i.e. less for the estranged son and more for the daughter who provides support. This echoes the processes of negotiation based on relationship quality identified by Finch and Mason. Here again, Rene's close friend is not included in her Will.

Duty and responsibility also prevailed in the narratives of single, childless, participants. Several reported that they had left their estates to family members living overseas with whom they have little contact, while leaving nothing to their immediate support network of friends. Lewis' primary source of contact and social support is via various political groups and an 'older LGBT' support group to which he belongs. His sister lives overseas ('We're not very close now and haven't been for a little while', Lewis aged 61, 'Out Early'). She is the sole beneficiary in his handwritten Will:

I've got a kind of Will. But when I spoke to my sister last year, she thinks I should get an Executor, she thinks I should get a solicitor to do it. I need to sort that out. It's been worrying me. And I want to try to get a woodland grave... I'd love to have a gay solicitor, but there isn't one here. Then I could say I want someone to come to my flat before my sister arrives and chuck out all my porn. (Lewis, aged 65, 'Out Early'.)

This extract highlights the added complexities for a LGBN individual when planning the disposal of their estate. First the lack of accessibility to 'gay' solicitors, who will be sensitive to issues affecting a LGBN individual. Secondly, how anticipatory 'de-dyking' (Kitzinger, 1994: 11), or in Lewis' case 'de-gayng', of one's home can concern a LGBN individual even when they are preparing for their own death. Strategic identity

management thus informs estate planning (i.e. wanting a gay solicitor) and a wish for ‘posthumous privacy’ (Monk, 2014a: 314).

Rachel, also single, makes a very clear distinction between SLIFs and biological family members, in the balancing of affectional ties with duty and responsibility. When it comes to arranging her funeral, Rachel wants her friends, rather than her family, to organise it:

My family don’t know my likes and dislikes, they don’t know me like my friends, my lesbian friends, do... I’d want [friends’ names] to sort it because they’re my friends, and I’d want them to include my sister, because I love her, but she doesn’t know me well enough to know. And she’s very much Roman Catholic, I’m not practising any more, and I know what she’d do and I don’t want any of that. So, yeah, it would be friends. (Rachel, aged 64, ‘Finding Out’)

Despite Rachel feeling that her lesbian friends know her better than her sister does, and wanting them to arrange her funeral, those friends are not included in her Will: the beneficiaries are her sister, nephew and godchildren,

My family came right back in to my mind as soon as I didn’t have a partner that I shared a property with... I don’t see the point in leaving money to my friends... But I think of my sister as my little sister, as I’ve always felt a bit responsible for her, so that’s why she’s in it. Her son is my favourite nephew [laughs]. (Rachel, aged 64, ‘Finding Out’)

So, in terms of the disposal of her estate, Rachel’s decision-making is informed by duty and responsibility towards her biological family. She specifically excludes her friends in her Will-making (‘I don’t see the point in leaving money to my friends’). Rachel notes her own biological family default in operation when she and her partner split up (‘my family came right back in my mind’) and specifically articulates her sense of responsibility for ‘my little sister.’ This is despite the fact that she would not trust her ‘little sister’ to arrange her funeral. Rachel’s inclusion of her ‘godchildren’ in her ‘inheritance family’ (Douglas et. al., 2011: 254) is interesting, and flags godchildren as

an under-addressed area of older LGBN individuals' kinship and intergenerational relationships (Monk, 2014a and 2014b).

The distinction between trust and duty and responsibility was also reflected in Iris's interview. Iris's beneficiaries in her Will are her son and daughter (with whom she has a 'conflictual' relationship, 'they don't want their mother to be gay' Iris, aged 61) but she would make her (non-cohabiting) partner her Attorney under an LPA ('Because she would be conscientious and do whatever was needed' Iris, aged 61). So, again, 'duty and responsibility' inform the disposal of property, but affiliation and trust inform choosing who will make proxy decisions (Samsi and Manthorpe, 2011).

A small number of the single gay men participants without children, privileged friends in their Wills. Alastair, aged 76, rarely sees his sister:

'I don't get on with her husband. Her husband once said to me 'Oh come off it Andrew, admit it, if you could change to being heterosexual tomorrow, you'd just do it'. I said 'no, I bloody wouldn't'. (Alastair, aged 76, 'Out Early')

Unlike Lewis, in the context of this estrangement, Alastair has nominated four long-standing friends as beneficiaries in his Will. So, too has Donald, aged 75, who has an agreement with his sister that they will not be beneficiaries in each other's Wills after witnessing family conflict over their grandmother's Will. Both Donald and his sister are affluent, so their decisions will not have a detrimental effect on each other's material standard of living.

Phil's social network comprises almost entirely men, and this is reflected in his Will, in which he has four primary beneficiaries - two 'gay' men and two 'straight' men - as well as numerous other men beneficiaries nominated to receive smaller amounts (with the residue to charity). He has determined how much each receives

based on need: 'One gets more money than the other three because he hasn't bought a house yet, the other three are richer than me' (Phil, aged 62, 'Breaking Out').

Phil has a twin brother, who is not in his Will. He considers his brother, whom he sees once a year, to be 'totally irrelevant' to him. He has left a sum to his step-mother ('she's the only woman') not out of affection ('it wouldn't worry me if I never met her again') but in lieu of the care she provided for his father before he died, which saved Phil from having to do it. So Phil's Will is informed by two sets of values: affiliation, which informs the disposal of the major part of his estate; and 'duty and responsibility,' but of a different kind. Phil's sense of duty and responsibility is to his deceased father. Phil, who operates on very logical and rational lines, has reasoned that his step-mother saved him time and money in his father's care and so he should recompense her for relieving him of his (perceived) obligation. Phil's disposal of his estate is primarily informed by affiliation, tempered by beneficiaries' needs, and with one 'duty' aspect, to his father, via his step-mother.

By contrast with Phil's friendship focused Will, Jack's Will reflects his mixed social network:

Well, I had my younger nephew in my Will. I don't have anything to do with him, my sister doesn't, my niece doesn't, you know, and he's very irresponsible, you know he drinks and drives. And at the end of the day I thought I can't be having this, you know, so I've given some money to friends and my family, and I've given more than half to [charity] because I'm very much into human rights I'm in [charity] and all that.... So it goes to two relatives, my niece, sister and two friends ... [the greatest amount to] my sister... She has the need. (Jack, aged 66, 'Breaking Out')

Jack's Will, although not immediately obviously, is actually informed by traditional 'duty' and 'responsibility' values. As noted above, Jack considers his friends to be family – 'my friends are my family, lovely friends I've got' – and so includes them

alongside his biological family as primary beneficiaries. But Jack also has very strong socialist principles ('I became a Labour councillor at 23') and so the wider community is, to him, also his family, and he has a duty to that 'family' too. Like Phil, Jack's decision-making is determined by 'need' (hence the greatest sum left in his Will is to his sister). It is also mediated by deservedness (hence the exclusion of one of his wayward nephews).

Participants' narratives about their Wills both affirm and offer challenge to previous research. The processes of negotiated relationships and relational practices (Finch and Mason, 1993 and 2000) are echoed here, with testamentary decisions being based, in part, on the quality of particular relationships, mediated by such values as 'need' and 'deservedness' (e.g. the undeserving nephew). However, there was an apparent disconnect for many LGBN individuals between the voluntarism of friendship and a sense of duty and responsibility to family in the passing on of material assets (Douglas et. al., 2011). This would appear to contradict the assertions by Finch and Mason (1993) and Weeks, Heaphy, and Donovan (2001) that 'duty' and 'responsibility' do not inform LGBN individuals' relationships. Participants in my study did show a sense of duty (e.g. to needy sisters) and responsibility (e.g. to deceased father's widows in lieu of care provided, and to 'my little sister, I've always felt responsible for her') to extended biological family members, but not to friends. This also suggests that in LGBN Will-making we are seeing a range of factors informing decision-making, some of which privilege traditional family forms, some of which reflect wider non-normative kinship connections.

#### **4. The Significance of Intergenerationality**

In this section I argue that intergenerationality is central to understanding later life inequalities at the intersection of ageing, gender and sexuality. I approach this in two main ways. Firstly, I show how, in the narratives of older lesbians, there is a strong theme of being marginalised and mis-recognised through processes of heterosexist reproductive normativity which I describe as ‘compulsory grandmotherhood.’ Secondly, I show how intergenerational informal social support is of particular significance in terms of later life resources, and how older LGBN individuals are differentiated not only from older heterosexual-identifying individuals but also between and among themselves, by uneven access to intergenerational support.

##### **4.1. Recognition: Compulsory grandmotherhood**

Chapter Four considered older LGBN women’s experiences of invisibilisation in terms of the retrospective past in relation to current subjectivities. This section considers this invisibilisation through the lens of kinship. I analyse participants’ narratives about presumed recognition based on gendered and aged reproductive normativity. Older lesbians who are childfree and childwith describe being invisibilised by a process what I refer to as ‘compulsory grandmotherhood.’

There has been very little research conducted on LGBN individuals and grandparenthood (Orel and Fruhauf, 2006 and 2013; Orel, 2014) and yet, as increasing numbers of lesbians and gay men are having, and ageing with, children, LGBN grandparenthood is a growing phenomenon (Stelle et. al., 2010). The older gay men participants did not identify being grandchildfree or grandchildwith in terms of their visibility or social status either as men or as gay men. However, many of the



women participants did make links with being grandchildfree or and their visibility and social status as ageing lesbians. Childfree older LGBN women observed that they were assumed by others to be childwith:

And there's the assumption because I am older woman that I must be heterosexual, that I must have children and grandchildren. (Diana, aged 69, 'Out Early')

This extract highlights a perceived linkage between being seen as an older woman and being presumed to be a mother and grandmothers. As Audrey observed:

As a single older woman, you immediately fall into that stereotype of 'a granny'. And 'a granny' is heterosexual by default. And people are always asking me about my bloody grandchildren. I don't have any grandchildren, lesbians didn't have children in my day. (Audrey, aged 67, 'Out Early')

This extract demonstrates how Audrey feels invisibilised by the heterosexist assumptions that as an older women she must be both heterosexual *and* a mother and grandmother. Chapter Four explored how many of the women participants felt they were rendered invisible at the nexus of ageism, sexism and heteronormativity (Wilinksa, 2010). This was understood in the context of feminist authorship on the 'triple marginalisation' of older women. However, as alluded to in that chapter, this also needs to be located in the wider analytical frame of the transgression of heteronormative social reproductive normativities (Jagose, 2002). As can be seen from the above extract, Audrey feels she is mis-read, based on an ageist, sexist *and* heterosexist assumptions (Land and Kitzinger, 2005). These life course stereotypes for older women are deeply embedded in heterosexual family ideologies, underpinned by the gendered norms of heterosexual procreation and social reproduction, (Halberstam, 2005), shaping (mis-)recognition in later life.

By contrast, those women participants who were childwith and grandchildwith often reported feeling that this also obscured their identities as lesbians<sup>125</sup>. Some found this obscurity strategically useful:

[There are] times even now when I'm not out. You know, I've got used to deciding when and how I do that and because I think it's an easy cop out for me, because I've got kids and I was married I can play sides against the middle any which way I choose, and I do that. (Iris aged 61, 'Breaking Out')

Having been married, and having children, then, gives Iris greater scope in terms of concealing when she chooses, an option not available to those women (the majority of whom comprise the 'Early Performance' cohort) who have not been married and/or had children. So she can choose not correct ageist heteronormative assumptions as a concealment strategy. Alex, like Iris, considers being seen as a mother and a grandmother as obscuring her lesbian identity (sic), but unlike Iris who finds it useful at times, Alex, like Audrey, sees it as getting in the way of her being seen properly:

Because I have a child and grandchildren and I talk about them and I'm proud of them, because that's what I do, everybody assumes I'm a straight woman. But I'm not! I'd had relationships with men, and I was married years ago, but my last three relationships over the past 25 years have been with women. But people make assumptions based on what they see. (Alex aged 60, 'Finding Out').

Alex observes that people make assumptions based on what they see, and, those assumptions, according to her experience, are based on heteronormative, heterosexist, reproductive norms. So lesbians are not only rendered less visible in older age through not having children and grandchildren, they are rendered less visible through having them as well (Fullmer, Shenk & Eastland 1999). Stella perceives access to parenthood as now being a major distinguisher between older LGBN women:

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<sup>125</sup> And, of course, potentially, bisexual women too, see Dworkin 2006, although this was not raised by

I feel slightly disparaged by lesbians who have children. Now, I feel people think that I'm not a proper lesbian, because I don't have children as well. And I find that really strange. It's sort of back to the old some are more equal than others idea. (Stella, aged 66, 'Out Early').

So, for Stella, her experience of later life marginalisation is not only because she is an ageing lesbian (see Chapter Four) but also because she is an ageing childfree (and grandchildfree) lesbian. This recognition also differentiates older LGBN women not only from each other but also from other women, irrespective of sexuality. In May's interview, for example, she attributes this to her sense of difference when she tried to join the Women's Institute (WI):

I think you do stand out of the crowd more because you're not like everyone else. So I tried to join the WI. And I was different. I don't have a man to talk about. And everyone was going on about their grandchildren and their bloody husbands, and I get a bit bored by that. What is there to talk about? Very empty. People made me welcome, chatting away, but I didn't feel part of it. I didn't go back. I've got nothing in common with them. (May, aged 64, 'Finding Out').

So here we can see how May understands grandchildren discourse, and its embeddedness in heterosexual relationship discourse, as producing heteronormative older age spaces from which she feels excluded. Ellen Lewin anticipated this, predicting, in 1993, that in the future: 'the otherness of childless lesbians may be intensified not because they are lesbians but because they are not mothers' (Lewin, 1993: 192, cited in Richardson, 2004: 403).

As Jane Traies has written, drawing upon Jill Reynolds' (2011) notion of 'childlessness' being a deficit identity, 'the identity of a childless older woman is a deficit identity, to the extent of being defined by what one is not' (Traies, 2012: 72). Old women who are childfree violate heterosexual life course norms, indeed 'women

without children' can be understood as 'a contradiction in terms' (Hird and Abshoff, 2000: 347). May's account of the impact of not only being childfree, but also grandchildfree, suggests that this adds further nuance to the deficit argument. Grandmotherhood is the only positive stereotype for older women, attached to concepts of being helpful, kind, serene and trustworthy (Cuddy and Fiske, 2004). A greater number of other negative stereotypes for older women abound (including evil goddesses; monsters; witches; hags; and crones, Arber and Ginn, 1991) with far fewer counterparts for older men (Ray, 2004). MacDonald and Rich have written about older women who do not fulfil the Grandma requirements:

In White Western society, the old woman is distasteful to men because she is such a long way from their ideal of flattering virginal inexperience. But also she outlives them, persists in living when she no longer serves them as wife and mother, and if they cannot make her into Grandma, she is – like the lesbian- that monstrous woman who has her own private reasons for living apart from pleasing men (MacDonald and Rich, 1991:141).

So not being a grandmother both defies heteronormative reproductive norms and invokes a woman who is not defined/ definable in the context of her relationality with men. In this way, ageing, gender and sexuality intersect to shape social perceptions of older women, through the lens of reproductive normativity.

#### 4.2. Resources: Uneven access to informal social support

Informal social support is of particular importance in later life because it acts as a buffer from the need for more formal care and support (see Chapter Two). This extract from Rene's interview offers insights:

Well I'm still not able to drive since my hip operation, and I'm not doing my own shopping. My sister moved in for about two or three weeks when I first came out of hospital and my daughter comes in a couple of

times a week and my friend Ruth drives me to appointments and things.  
(Rene, aged 63, Breaking Out)

This extract highlights the importance of an informal social support network when an individual has acquired additional needs. Rene's personal community of significant women in her life has helped her with practical tasks (shopping, driving), personal support (staying with her when she had high personal care needs), and emotional support (regular visits) during a time of heightened need. This is an example of not only an informal social support network, but also a *flexible* informal social support network which can provide extra targeted assistance when needed (Croghan, Moone and Olsen, 2014). Rene's support network also has a significant component: it is intergenerational.

An intergenerational network is important because the risk of an intra-generational network is that in older age all the network members may develop care needs at around the same time and be unable to provide each other with reciprocal support. To return to an example given in Chapter Four, Diana had previously been supporting older friends who were struggling with age-acquired illness and disability, and navigating the health and social care system. Since Diana has acquired her own age-related illness and disability, she is not only in need of informal social support herself, which her friends cannot provide, she is also no longer able to provide it to her friends, highlighting the knock-on effects when an older caregiver develops care needs themselves (Manthorpe and Price, 2005). This is why intergenerational support is so important, but not any kind intergenerational support, rather one which can provide instrumental care if required.

While some support networks appear robust, in terms of size, and/or strength of affiliation, and may even have an intergenerational component, if that intergenerational component does not offer instrumental care, then it does not help to act as a buffer from the need formal care provision. These two extracts highlight this issue:

The psychology in the breeder world... you have lots of kids, so they're your pension, so that sort of psychology stacks for a lot of heterosexuals, I think. Whether they actually get what they expect is a different issue. [Talks about friend who is affluent enough to pay for care and also gets informal support from his four children] I have younger people in my world, but I don't think they would do that for me. (Phil, aged 62, 'Breaking Out')

Well, I haven't got children, and I've only got one niece, and I can't imagine that she's likely to come and look after me... I remember us joking, one time, and me saying, oh well when I am an old woman you can come and looking after me and she said not likely, so I really don't think so. So, no I don't think there would be any support for me, I would be one of those little old ladies living in their houses on their own, surviving somehow. (Tessa, aged 58, 'Out Early')

These two extracts demonstrate the significance of not only an intergenerational component to an older individual's social network but also one which will supply the right kind of support. Both Phil and Tessa have young people in their lives, but not young people they can call on for instrumental support. By contrast, Cat, who lives in a tightly knit intergenerational feminist community, was able to name nine or ten younger women who would provide her with support if she needed.

Ageing itself can change kinship size and composition; morbidity and mortality can impact the availability of informal social support (Croghan, Moone and Olsen, 2014). For individuals with very small social networks, such as Les, with his one friend, the loss of that friend would leave him completely alone. For individuals with small, partner-centric kinship networks (Pahl and Spencer, 2004), the death of a

partner can also be problematic (Muraco and Fredriksen-Goldsen, 2011). Sam (who is childfree) had begun to think about it, primarily because of his partner's ill-health. Thinking about what would happen should his partner die and if Sam then needed support himself, he observed:

This is where it gets tricky. Because I guess I would be no different from the 70% of gay people, living alone, of a certain age, and where they don't have children, and do not have immediate family around them. (Sam, aged 61, 'Out Early')

So we can see here the heightened exposure to risks of both isolation and a lack of informal social support for ageing childless individuals in partner-centred kinship formations in the event of a partner's death.

Those participants who are childwith were more likely to cite their children as potential sources of support, although many emphasised that they did not expect their children to support them, as in Bob and Martin's interview:

*Bob:* I remember my father once saying to me, I hope you will always want to know me, but if you don't, would you do me a big favour, fuck off. Don't come. If ever I see duty in your eyes, I will shut the door on you.

*Martin:* And that's what we have always told [our son].

Bob and Martin exemplify the rejection of notions of duty and family obligation (Weeks, Heaphy and Donovan, 2001) from their children, as many of the participants did. Many childwith heterosexual couples also express the same sentiments, but children do often end up providing informal social support, whether expected to or not. Vera, who has six children, recognised this, when talking about who would provide her with instrumental support should she need it in later life.

My children. Yes, my children primarily. They would certainly assist and several would call in regularly. One is living with me and several live nearby and are fairly settled. I certainly wouldn't want them to have to

provide any formal stuff. But they would be there, and they would assist.  
(Vera, aged 60, 'Finding Out')

When Vera refers to her children, she includes her step-children in that list. Ian, aged 69 ('Breaking Out') had asked his daughter-in-law if she would look after him in his older age ('she said of course'). Ian also thought she would also support his partner Arthur (the social father-in-law) but Arthur, aged 60 ('Out Early') was less certain, saying 'I don't know.' Similarly, when asked who would care for them if one of them died, Violet, aged 73 ('Breaking Out') responded 'My children would', but Moira, aged 75 (the social parent) was also less certain: 'Violet's children might. I don't know.' This further supports Heather Draper's research (2013) which highlighted different understandings biological and social parents' entitlement (in the context of grandparent rights when parents separate) and Rosie Harding's work (2011) suggesting that same-gender partners of those who have biological children can fall into a category of 'illegitimate' parents, highlighting a further possible area of inequality between older LGBN individuals.

## **5. Concluding Remarks**

In terms of the central research questions of my thesis - How do the regulatory frameworks inform ageing LGBN subjectivities and kinship formations? - this chapter has offered a range of new insights. In terms of the under-recognition of friendship in law, there was apparently little appetite for increased recognition and regulation of friendship or SLIFs in law. Those individuals with predominantly friendship-focussed kinship networks who wished their friends to receive their assets upon death, used their Wills to do so. Among many individuals with more mixed networks, there was a disconnect between friends, SLIFs and biological family and the disposal of assets,



even when SLIFs comprised the more significant aspect of a participant's network. This does suggest, then, that there is far less of a sense of financial and material duty towards friends than biological family members, supporting 'families of choice' narratives, but that there is a sense of financial and material duty to biological/extended family members, which contradicts 'families of choice' narratives.

In terms of the privileging of the conjugal couple in law, there was a predominance of narratives suggestion that participants lives reflected this prioritisation, and that participants approved of it. A small number of women questioned relationship recognition in law, and the participants were split on the issue of civil partnership/same gender marriage, with some women participants voicing particular concerns about hetero-patriarchal norms. Feminist discourse informed one strand of narratives and it is striking that this is present in older LGBN discourse about couple recognition, but was not found by Heaphy, Smart and Eisendottir in the narratives of younger LGBN couples. This raises questions about the different ways in which feminism is understood to have a place in the lives of older and younger LGBN women.

The women participants expressed a strong sense that their social recognition in later life was nuanced by ageing, gender, sexuality and reproductive normativity. The men participants did not make similar observations. For these cohorts of older LGBN women, then, gender distinguishes, and disadvantages them in terms of recognition, compared with older GBN men. It remains to be seen whether this is also the experience of subsequent ageing cohorts. Participants were also distinguished by access to the resource of intergenerational support in later life. Given that more

women than men participants had children (as reflected in previous research, e.g. Guasp 2011), then men are at a clear disadvantage from this perspective.

Here we can see the significance of intersectional. Older LGBN individuals are differentiated from younger LGBN individuals by their greater likelihood of needing instrumental care through older age. Older LGBN individuals are differentiated from older heterosexual-identifying individuals in their comparatively depleted access to intergenerational support, due to sexuality. Older LGBN women and men are also differentiated from one another in issues of gendered mis-recognition in later life and in terms of uneven access to intergenerational support, shaped by gender and cohort. Older LGBN women are differentiated from older heterosexual-identifying women in that they understand their sexual identities/ sexualities to be invisibilised through reproductive normativity, whereas older heterosexual-identifying women's sexualities (even if retrospective) are assumed by default. In this way, ageing, gender and sexuality, work with and through each other to shape uneven access to recognition and resources in regard to later life kinship.

Having highlighted the importance of intergenerational relationships in later life, and the increased risk of the need for formal care and support services, the next chapter explores participants' narratives about anticipated future care needs.

## CHAPTER SIX: ANTICIPATED CARE FUTURES

### 1. Introduction

This is the third and final thematic analysis chapter based solely on the data set from the older LGBN individuals' interviews. The focus here is on anticipated care futures. It addresses the third of my research questions, namely: *What are the main concerns of older LGBN individuals in relation to ageing?* In Chapters Four and Five I have identified and analysed a range of concerns. In this chapter I focus on one of the participants most major concerns, relating to future care needs, particularly among those with limited informal social support networks. In considering their possible care futures, participants were most concerned about the spaces in which those futures would be lived out, and about who might co-occupy and co-produce those spaces with them. Formal older age care<sup>126</sup> spaces were perceived as poor, with little control of the dying process, and as sites of particular normativities experienced at times of increased vulnerability. This chapter analyses the different meanings/dimensions of this discourse.

My analysis deepens understandings of 'queer presences and absences' (Taylor and Addison, 2013) and of new gendered and sexual landscapes (Browne and Nash, 2013), by expanding conceptualisations of sexualised spaces (Brown, Browne and Lim, 2009) beyond home/work/leisure (Browne & Bakshi, 2011) to include those of formal care. In considering participants' concerns about future care spaces, I move away from conceptualising spaces as inherently heterosexual (Bell and Binnie, 2000), i.e. inevitably shaped by immutable heterosexist norms. Instead I understand social

spaces to be suffused with power (Foucault, 1980), but with contextual, contingent, dominant spatial orderings (Valentine, 2007), temporally variant (Oswin, 2008), and discursively and performatively (re)produced (Podmore, 2013). In the context of sexuality, there are no absolutely 'heterosexual' spaces, only ones where heteronormativity is, at a particular moment in time, the reproduced dominant spatial ordering.

My argument in this chapter is fourfold: firstly, older-age care needs are anticipated by participants as potentially relocating them into spaces of older age-based inequalities; secondly, these spatial inequalities are understood to be magnified by gender and sexuality, nuanced by age standpoints, particularly cohorts; thirdly, older-age care needs, and associated vulnerabilities and dependencies, are perceived as complicating resistance in response to these spatial inequalities, while at the same time that resistance also holds the potential to transform care in later life; and fourthly that these spatial issues are 'imbued with the problem of time' (Butler, 2008: 1), e.g. 'life-time' and the ending of embodied existence (Fletcher, Fox and McCandless, 2008b). Section Two analyses participants' discourses relating to inequalities of care associated with older age. Section Three analyses participants' discourses relating to gender and sexuality inequalities in those anticipated care spaces. Section Four considers issues of resistance in relation to anticipated spatial inequalities.

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<sup>126</sup> Formal care means paid social and/or personal care that is provided in the home, in day care, or in residential care/ nursing homes.

## 2. Anticipating Spaces of Unequal Older Age Care

This section addresses participants' fears and concerns about standards of older age care and concerns about the control of death and dying. Although concerns about care deficits are shared by many older people, regardless of sexuality (Guasp, 2011), they are more likely to affect older lesbian and gay individuals sooner and in greater numbers than older heterosexual-identifying individuals. This is due to the different structuring of their informal social support networks (see Chapter Five) which play an important role in buffering older people from the need for formal care provision (Glaser et. al., 2009). Older lesbian-identifying women in particular are more likely than older heterosexual women and older gay men to spend their final years in residential care (Archibald, 2010)<sup>127</sup>. Older gay and bisexual identifying men, by contrast, may not live as long, but are likely to have earlier higher support needs (Rosenfeld, Bartlam and Smith, 2012), having poorer health than older heterosexual men and being disproportionately represented in the ageing population living with HIV/AIDS (Fredriksen-Goldsen and Muraco, 2010).

### 2.1. Quality of older age care

Concerns about care were located by participants firstly in terms of standards of care for all older people. As Jennifer reflected:

It's when you start thinking about things like, you know, going into an old people's home, or even into sheltered housing or something like that, that one is afraid. Because my only experiences of those have just been so dreadful that I don't think it would matter if I was a lesbian or I was straight, I just don't want to go there. [sigh] (Jennifer, aged 62, 'Lesbian by Choice')

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<sup>127</sup> Women live longer than men, but with greater levels of disability (Bettio and Verashchagina, 2010); and single, child-free older women (most likely to be lesbian: Heaphy, Yip and Thompson, 2004; Guasp, 2011) are particularly likely to spend their final years in residential care (Arber, 2006). They are also more likely to have dementia, because it is age-related: two thirds of people living with dementia are women (Knapp et. al., 2007).

This extract highlights how some concerns about older age care relate to standards of that care itself even before taking issues of gender and sexuality into consideration. Many older LGBN individuals (particularly those who have supported ageing friends and family - King and Cronin, 2013) are aware of problems regarding care standards for older people (CQC, 2010; EHRC 2011; Commission on Dignity in Care, 2012; Francis, 2013; Clwyd and Hart, 2013) especially in closed care contexts<sup>128</sup> through having supported others in those contexts. This informs how care is anticipated.

The Stonewall report found that 76% of older 'LGB' individuals surveyed were 'not confident they would be treated with dignity and respect in a care home setting' (Guasp, 2011: 28) but that also 71% of older heterosexual people felt the same way. The dissonance between personalisation rhetoric and the realities in practice (Blood 2010; Eysers et. al., 2012) was observed by Maureen, who used to work in social care with older people: 'Care homes is just warehousing, isn't it? I haven't been to a care home where I've thought "wow this is nice"' (Maureen, aged 62). Specific concerns about care are highlighted in the following extract where Moira and her partner Violet are describing Moira's late mother's care:

... It was horrendous. They lost my mother's glasses and said she came in without any. My mother had worn glasses since the age of five.... And [they] lost her teeth. Apparently we should have marked them... And while they were getting her new glasses, we went in, and there she was, looking unkempt, with food down her front, her hair not done, no glasses on, and they'd given her a magazine. She couldn't read it. (Moira, aged 75, 'Out Early')

... and that's another thing in the nursing home, that we would find Mother in somebody else's dress, a horrible Crimplene dress (Violet, aged 73, 'Finding Out')

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<sup>128</sup> By closed care contexts I mean: domiciliary care provided to a housebound person with no external social support; and residential/nursing care for those with physical and/or cognitive incapacity and limited 'powers of exit' (Joint Committee on Human Rights (JCHR), 2009).

Here, the key concerns are both a lack of personalised care (SCIE 2011a) (no glasses, lost teeth, being given a magazine she couldn't read, wearing clothes that were not her own) and a lack of basic dignity in care (Dixon et. al., 2009) (looking unkempt, with food on her clothing). In terms of equality, the issue for older LGBN individuals is not the anticipation of receiving care inferior to that of heterosexuals, but rather the anticipation of care that is *equally as poor* as that experienced by older heterosexuals. As Alice said, when talking about constructing alternative forms of older LGBN individuals' care:

Do we have the means to make that a good alternative rather than a pale imitation with very low paid care that heterosexuals are willing to put up with? (Alice, aged 60, 'Out Early')

So here we can see the desire for a better standard of care than that perceived as currently being provided to older ('heterosexual') people: the desire not just to emulate current care provision, but rather to improve upon it. The perceived reality of older age care in residential care spaces, at the level of lived experience rather than policy prescriptions, is that actual care practises are the opposite of personalised, they are generic, 'one-size fits all.' That non-personalised care is also perceived to be of a very poor standard, below that which would be considered acceptable for other age groups (Herring, 2003).

At the same time as there is a concern about poor standards of care, there is also a perception that care spaces placed constraints on the assertion of rights:

A lot of older people... will do anything not to upset their carers because they're scared of the repercussions... Daphne's mum wouldn't let Daphne speak up on her behalf, because she was scared about how she would be treated... is it, as you get older, that you're scared of upsetting the people that you are relying on for something? (Sandra, aged 61, 'Breaking Out')

This extract highlights how some older people can be reluctant to assert their rights, or have them asserted on their behalf (Woolhead et. al., 2004)<sup>129</sup>, and how this reluctance can be informed by heightened vulnerability associated with older age related care needs (Twigg, 1999, 2000 and 2004). Closed institutions such as prisons are considered to be sites of wide-ranging performances of resistance (Ewick and Silbey, 1998; Bosworth and Carrabine, 2001). However, this may be constrained in the ‘fourth age’ (Gilleard and Higgs, 2010) where embodied dependency – ‘you’re scared of upsetting the people that you are relying on’ - may undermine potential resistance, particularly among those who are ‘different’ in some way, including LGBN individuals (Aronson and Neysmith, 2001). This, together with limited protections for older people in care spaces (Herring, 2003), as well as a paucity of non-statutory advocacy (Katz, Holland and Peace, 2013) means that many of formal law’s protections relating to care standards<sup>130</sup> and equalities and human rights<sup>131</sup> have only limited applicability to those older people who are unwilling and/or unable (Sen 2005; Nussbaum 2010) to mobilise them (Lloyd-Sherlock, 2002).

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<sup>129</sup> Reasons include: not knowing their rights and how to complain (Woolhead et. al., 2004); reluctance to complain for fear of alienating staff and concerns about reprisals (Aronson and Neysmith, 2001); learned passivity (Preston-Shoot, 2001) via a process of socialisation producing compliant institutional(ised) bodies (Wiersma and Dupius, 2010); lowered expectations resulting from previous, institutionalised, poor care (Dixon et. al., 2009); a lack of advocacy; an absence of an independent complaints procedure (Office of Fair Trading, 2005; Gulland, 2007); a reluctance to deploy formal frameworks for social relations (Ewick and Silbey, 1998); limited/no ‘powers of exit’ (Persson and Berg, 2009).

<sup>130</sup> National Minimum Standards (Care Standards) Act 2000: When newly admitted to residential care an assessment ‘should consider the person’s social interests, hobbies, religious and cultural needs’ (Dept Health 2003: 3-4)

<sup>131</sup> ECHR Article 3 (Right not to be treated in an inhuman or degrading way) and Article 8 (Right to respect for private and family life, home and correspondence); S6 Human Rights Act 1998 (HRA) makes it unlawful for a public authority to act in a way that is incompatible with a person's rights under the European Convention on Human Rights; Equality Act 2010 - Direct and Indirect Discrimination based on protected characteristic of age in provision of goods, services and housing.



## 2.2. Non-recognition of sexuality in older age

The discursive silencing of sexuality among older people (Taylor and Gosney, 2011) and the behavioural erasure of sexual activity by older people (Bamford, 2011; Bauer et. al., 2013b) is a site of inequality for all older people. As Donald observed,

I'm in a care home and somebody wants to visit me and get their bottoms beaten, well you've got problems with sound-proofing at once. But then again, how many heterosexuals who are into S&M would also have a problem with that? My inclinations are that we need to form allies with other older people. We need to look at the issues that go across older people. And sex is one. (Donald aged 75, 'Finding Out')

While, as Donald observed, the issue of sexual activity in older-age care can be one which unites older people irrespective of sexuality, such activity is of particular relevance to older LGBN individuals because it is more likely to be stigmatised (Hughes, 2009). In addition, the under-recognition of older people as sexual beings, as individuals with sexualities, also undermines the recognition of differences in sexuality between and among older people. So although care deficits impact all older people, they hold particular significance to LGBN older people both because of their likely disproportionate use of older age care provision and of sexuality-blindness (any sexuality) in older age care contexts.

## 2.3. The disciplining of the end of life

A small number of participants interrogated how the end of life is currently regulated:

[Suicide is not a tragedy] I see people who, dodderly old condition, in hospital, being kept alive ruthlessly, and I regard that as a tragedy. (Phil aged 62, 'Breaking Out').

The medical advances that have been made in keeping us alive, the ethical thing hasn't kept pace with it. You keep people alive for longer, 'Oh we're all living for longer'. It's not necessarily a quality life...Our cat wasn't well and so we had her put down eventually. I don't want to be that skeleton that was lying on my mother's bed. I want to keep more in control if I can. (Daphne aged 60, 'Out Early')

Here we see the distinction between longevity and quality of life, and the paradox of a different model of euthanasia for animals and humans. Nine participants<sup>132</sup>, six women and three men, articulated a preference for ‘ending my life at the time and way of my own choosing’ (Stella, aged 66, ‘Out Early’), another woman participant wished to have her life ended for her should she become incapacitated<sup>133</sup> and another implied she would choose not to continue living after her partner died but went into no further detail<sup>134</sup>. In terms of planning to die, Sally said:

I’ve no family, they’re all dead, no children, I never wanted any, no partner. And so there wouldn’t be anybody there for me. And I can’t imagine anything worse to be in hell hole in the armpit of a care home, where I’m abused or neglected. I’d rather die, thank you! So if ever I feel that physically or mentally, I’m on the downward slide, I definitely want to do something about it, because I can’t see the point. I can’t see the point at all and I feel strongly about it. (Sally aged 73, ‘Breaking Out’)

Here we can see how a combination of the absence of informal social support and concerns about standards of care for older people, particularly those with LGBN sexual identities/sexualities, has led Sally to conclude death would be preferable. Assisted dying and euthanasia are unlawful in the UK<sup>135</sup> as was mentioned by several of these participants:

I ought to be able to say to a doctor, with a friend in the background, look, I’ve got Alzheimer’s, or I’m paralysed or whatever, it’s my life, I wish it to be over, please put me to sleep with an injection like you would with a dog. It’s so peaceful for them. It’s so peaceful. (Sally, aged 73, ‘Breaking Out’)

Oh no, I mean it’s the last taboo, isn’t it? [refers to legal ‘right to die’ cases] I mean that would be ideal, I suppose, to have your loved ones

<sup>132</sup> Daphne aged 60 (‘Out Early’), Rupert aged 68 (‘Out Early’), Sam aged 61 (Out Early), Alice aged 60 (‘Out Early’), Stella aged 66 (‘Out Early’), Iris aged 61 (Breaking Out’), Phil aged 62 (‘Breaking Out’), Sally aged 73 (‘Breaking Out’), Jennifer aged 62 (‘Lesbian by Choice’).

<sup>133</sup> May aged 64 (‘Finding Out’)

<sup>134</sup> Tessa aged 58 (‘Out Early’)

<sup>135</sup> Suicide was unlawful in the UK until 1961, when the Suicide Act 1961 abrogated the rule of law whereby it was a crime for a person to ‘commit’ the crime of suicide. Under the same Act, ‘aiding, abetting, counselling or procuring the suicide of another’ was however deemed a crime, and currently remains one.

help you at the time that suits you without them getting done over.  
(Stella, aged 66, 'Out Early')

My worry is, of course, the law. Because, if this is to work with the current legislation, you can't involve your friends. What I would like is to have a party, where there's everybody I love around, say 'OK guys, bye' [waves], stick the bag over my head, turn the valve on, please. But I have to do it earlier if it's me only. And that really annoys me. That's other people's wanky prejudices, really silly, dictating stupid outcomes. And that means I will die earlier [because I will have to do it by myself].  
(Phil aged 62, 'Breaking Out')

These extracts demonstrate a critical interrogation of 'the calculated management of life' (Foucault, 1979: 140) by the state. Several authors have argued that the medicalization of dying and death (Ost, 2010), 'the institutional governance of timely deaths' (Broom, 2012: 226) and 'a compulsory ontology of pathology in professional accounts of suicide' (Marsh, 2010: 28) all serve to produce disciplined dying subjects (Dorman, 2005). Phil articulates resistance to this, constructing it as discriminatory ('other people's wanky prejudices') and, in terms of 'why law privileges some bodily choices and harms over others' (Fletcher, Fox and McCandless, 2008a: 331), as irrational ('really silly, dictating stupid outcomes'). A full exploration of these issues goes beyond the remit of my thesis, however the point I am highlighting here, is that the current regulation of death and dying is perceived by some older LGBN individuals as a site of inequality in and of itself.

### **3. Gender and Sexuality Inequalities**

In this section, I approach participants' fears about future care needs and spaces, through the intersecting lens of gender and sexuality, in relation to three main areas: resources (Section 3.1.); recognition (Section 3.2); and association (Section 3.3). My overall argument in this section is that the now well-recognised fears and concerns about formal older-age care provision are underpinned and informed by these

inequality issues. In other words, anticipating future older-age care needs prompts fears about spatialised inequalities.

### 3.1. Resources: Lack of choice in provision

This section considers the issue of older age care and accommodation for very old people with high dependency needs which is gender and sexuality ‘blind’ (Cronin et. al., 2011) residential care provision. My argument is that the lack of choice in provision (Eaglesham, 2010; Carr and Ross, 2013) is an inequality issue relating to age, gender *and* sexuality. I propose that previous research on older LGBN individuals’ care preferences has privileged the voices of those who want either ‘LGBT friendly’ mainstream *or* ‘LGBT’ specialist provision (the majority of whom are men), and marginalised the voices of those who want gender and/or sexuality specific provision (the majority of whom are women).

When asked about their preferences (see Chapter Three, ‘Methodology’, for details of interview process), all participants expressed the wish to age in place, i.e. in their own homes, reflecting the views of the vast majority of older people (Musingarimi, 2008). If faced with the prospect of residential or nursing home care, participants consistently expressed the view that there should be a range of choices of types of care and accommodation available to older ‘LGB’/‘LGBT’ individuals: ‘I would like to see a choice of care homes’ (Rene aged 63); ‘I think people should have choice... and there should be homes for gays and lesbians definitely’ (Jack aged 66); ‘One size doesn’t fit all’ (Martin, aged 62). In terms of personal preferences, there was considerable divergence (see Table 6.1. overleaf)<sup>136</sup>.

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<sup>136</sup> For further details, see Appendices F (Overview), G (Breakdown) and H (Statistical Analysis).

	Mainstream (‘LGBT friendly’) <sup>137</sup>	Women - only	Lesbian - only	Men- only	Gay men -only	L&G/ LGB/ LGBT	Tot
<b>Women</b>	11 (38%)	7 (24%)	7 (24%)	n/a	n/a	4 (14%)	29
<b>Men</b>	9 (56%)	n/a	n/a	0	4 (25%)	3 (19%)	16
<b>Totals</b>	20 (44%)	7 (16%)	7 (16%)	0	4 (9%)	7 (16%)	45

**Table 6.1.** Residential care preferences as expressed by the 45 out of 60 participants who expressed a preference<sup>138</sup>.

As can be seen from Table 6.1, the majority of women participants (62%) expressed a preference for non-mainstream provision, most wanting either women-only or lesbian-only accommodation (evenly split), with many of the women who chose lesbian-only as their first option, selecting women-only as their second option. The *least* popular option among the women participants was lesbian and gay (LG)/lesbian, gay and bisexual (LGB)/ or lesbian, gay, bisexual and trans (LGBT) provision. The majority of gay men in the sample, by contrast, expressed a first preference for mixed mainstream provision (56%), and a second preference for gay-men-only accommodation (25%). Again, the *least* popular option among the men participants was LG/LGB/LGBT provision.

In terms of cohorts, the ‘Out Early’ and ‘Breaking Out’ cohorts of women were among those who preferred LG/LGB/LGBT accommodation whereas a higher proportion of the ‘Finding Out’ cohort of women expressed a preference for women-

<sup>137</sup> Those who preferred mixed mainstream provision consistently specified that it should be ‘gay friendly’ or ‘LGBT friendly’

<sup>138</sup> Ten of the 60 participants expressed no preference; another eight expressed a preference to die instead of going into a care home, three of whom did nonetheless express a residential care preference, although maintaining they would prefer to die. The following ten participants did not express a preference: Ronald (aged 60) was seriously ill and unable to see beyond that; Clifford (aged 67) was vague; Derek (age 61) ambivalent; Audrey (aged 60) and Martin (aged 62) hopeful about ageing in place; and Barbara (aged 83) avoided thinking about it - ‘I kind of shut that away as if I’m going to drop dead’; (Dylis, aged 75) ‘It wouldn’t really matter to me’; Billy (aged 61) - ‘I don’t see any point in worrying about the future. There is only a now’; Julia (aged 69) - had

only or lesbian-only accommodation (see Table 6.2. below). It could be that the women participants who ‘discovered’ a lesbian sexuality (‘Finding Out’), often did so within a feminist politicised context, which would orientate them more towards women/lesbian only provision; whereas lesbians who came together with gay men via rights activism might be more likely to be comfortable with LG/LGB/LGBT provision.

	Mainstream (‘LGBT friendly’) <sup>139</sup>			Gender/sexuality exclusive (i.e. Women – only; Lesbian – only; Gay men –only)			L&G/ LGB/ LGBT			Totals		
	W	M	Tot	W	M	Tot	W	M	Tot	W	M	Tot
‘Out Early’	3 (43%)	4 (57%)	7 (50%)	2 (29%)	3	5 (36%)	2 (29%)	0	2 (14%)	7	7	14
‘Breaking Out’	1 (33%)	4 (66%)	5 (55%)	0	1 (17%)	1 (11%)	2 (66%)	1 (18%)	3 (33%)	3	6	9
‘Finding Out’	3 (27%)	1 (33%)	4 (27%)	8 (57%)	0	8 <sup>140</sup> (53%)	0	2 (66%)	2 <sup>141</sup> (13%)	11	3	14
‘Late Performance’ <sup>142</sup>	3 (60%)	0	3 (60%)	2 (40%)	0	2 (40%)	0	0	0	5	0	5
‘Lesbian by Choice’	1 (33%)	0	1 (33%)	2 (66%)	0	2 (66%)	0	0	0	3	0	3
<b>Totals</b>	11	9	20 (44%)	14	4	18 (40%)	2	3	7 (16%)	29	16	45

**Table 6.2.** Mainstream vs non-mainstream residential care preferences as expressed by the 45 out of 60 participants who expressed a preference, by cohort, and by gender.

The data compare interestingly with previous research. The majority of previous studies<sup>143</sup> have reported individuals expressing a preference for

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been about to move in with lover, but plans fell through and can’t see beyond that at present. Liz (aged 52) did not express a preference - interviewer missed following this up during joint interview with her partner.

<sup>139</sup> Those who preferred mixed mainstream provision consistently specified that it should be ‘gay friendly’ or ‘LGBT friendly.’

<sup>140</sup> All women.

<sup>141</sup> Both men.

<sup>142</sup> All women.

<sup>143</sup> The Stonewall report, disappointingly, given it is the largest UK study to date, does not give any figures about care preferences (Guasp 2011).

LG/LGB/LGBT accommodation<sup>144</sup>. However these studies have asked binary either/or questions, i.e. *either* mainstream *or* LGB/T, and so have produced binary answers. The voices of gay men have also tended to be disproportionately represented (see Chapter Three). A few studies have distinguished preference by gender e.g. Gay and Grey in Dorset (2003)<sup>145</sup>, which reported that the majority of older ‘LGB’ individuals in its sample wanted non-mainstream provision, and the majority of those wanted lesbian and gay specific accommodation. However most of its participants were under 64, and over two thirds belonged to lesbian and gay support groups (Gay and Grey in Dorset, 2003: 22), which may have led to that sample being more likely to be in favour of mixed non-mainstream provision. Moreover there was no breakdown by gender of preferences for lesbian and gay accommodation and the option of women-only accommodation was not presented to participants.

In a study that is now quite old, Quam and Whitford did include a gender analysis, reporting that that 79.5% of lesbians wished to live in a lesbian-only community compared with only 24.4% of gay men who wanted men-only provision

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<sup>144</sup> Heaphy, Yip and Thompson (2003 and 2004) found that (77%) of their sample of 266 survey participants wanted provision that was ‘lesbian, gay and bisexual friendly’<sup>144</sup>; the Brighton ‘Count Me in Too’ project found that 62% of their sample wanted ‘LGBT specialist’ provision<sup>144</sup> (Browne and Lim, 2009); Hubbard and Rossington, in their sample of 117 older lesbians and gay men found that 91% of lesbians and 75% of gay men wanted ‘accommodation specifically for lesbians and gay men’ (Hubbard and Rossington, 1995); In the USA, the much cited study by Lucco reported that almost 90% of a sample of lesbian and gay men were interested in LGB specific residential support services (Lucco, 1987). However Lucco’s study, now over 25 years old, comprised only 57 lesbians compared with 399 gay men; a US study of 28 lesbians and gay men found that they all preferred the idea of having ‘gay or gay-friendly’ care providers (Stein, Beckerman and Sherman, 2010: 431); Adelman et. al. (2006) sought to ascertain the preferences of 1301 LGBT adults aged 18–92 living in San Francisco. Participants were only given 3 options and of these approximately 25% of women and 25% men wanted exclusively LGBT (with no breakdown by type); 60% women and 56% of men preferred ‘mixed but mostly 56% men; less than 5% wanted ‘mixed but mostly heterosexual’; a New Zealand study of over 1,000 lesbians and 1000 gay men reported that 58.9% of lesbians and 51.6% of gay men reported that they would preferred an ‘LGB retirement facility’ (Neville and Henrickson, 2010), but this was not broken down by type.

(Quam and Whitford, 1987). This echoes Monica Kehoe's study of older lesbians (now 25 years old) in which she reported that 66% of her participants preferred an exclusively lesbian environment (Kehoe, 1988), iterated in Goldberg, Sickler and Dibble's (2005) subsequent meta-analysis of research.

The data echo those studies which indicate a preference among lesbians for lesbian-only and/or women-only provision. The data, whilst a relatively small sample size, nonetheless highlight how mobilising a statistic of a majority preference for non-mainstream provision as a desire for LGBT provision can be misleading, in two main ways. Firstly, while it is true that the majority of the sample expressed a preference for non-mainstream provision, when broken down by gender, it is actually the case that this was the preference of the majority of the women in the sample, but not the majority of men. Secondly, when that non-mainstream provision was broken down from its umbrella category of 'LGB/T', the least popular option was actually 'LGB/T' provision and the most popular options were gender specific ones. This suggests, if nothing else, the need to closely interrogate statistics representing the preferences of older LGBN individuals, particular in terms of gender distortion and under-attention to diversity in strategic collective identity discourse.

Also worthy of note is that of the ten participants living in mixed mainstream provision, seven expressed a preference to be living in non-mainstream provision if available<sup>146</sup>. In other words only three out of the ten people currently living in

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<sup>145</sup> Gay and Grey in Dorset, in their survey of 91 older lesbians and gay men found that 39% wanted ('lesbian and gay friendly') integrated provision, 14% wanted 'lesbian-only', 9% wanted 'gay-male only', and 18% wanted lesbian and gay specific accommodation (Gay and Grey in Dorset, 2003: 29).

<sup>146</sup> Out of the ten participants already living in mixed mainstream sheltered accommodation, three of them expressed a preference for this. One of these was Lewis (aged 65) who had also expressed a strong preference for an LGBT - only day centre and another was Doris (aged 69) who is not currently out in her sheltered



sheltered accommodation are living in the type of sheltered accommodation they would prefer, highlighting not anticipated equalities, but equalities at the level of immediate, embodied, existence.

The lack of choice of care and accommodation provision is an issue of inequality of resources. While it impacts all older people who need care and accommodation in older age it disproportionately affects older LGBN individuals in two main ways. Firstly, as outlined earlier, older LGBN individuals are more likely to comprise those older persons who require care and accommodation in later life. Secondly it is provision which is specifically targeted at older LGBN individuals – and gender/sexuality specific provision at that – which is not available at present. So while older heterosexual-identifying individuals may suffer from *limited* choices in terms of provision, older LGBN individuals who want gender/gender and sexuality specific provision suffer from an *absence* of choice.

### 3.2. Recognition(a): Discursive and performative production of sexuality

My analysis of the qualitative data identified two further clusters of themes in relation to equality in the provision of older age care and accommodation: equality of recognition (addressed in this section), and equality of association (addressed in Section 3.3). Fears relating to equality of recognition are clustered around three sub-themes: lack of visibility; risky visibility; and uneven opportunities for openness. Each are addressed in turn.

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accommodation, which she thinks needs to become more 'gay friendly'. Six of the other participants already living in sheltered accommodation, expressed the wish not to be doing so, and a preference for the following: three wanted to be living in 'lesbian and gay' or 'gay and lesbian' accommodation, one wanted to be living in LGBT accommodation, and two wanted lesbian-only. One did not specify what form of non-mainstream provision she would prefer.

*3.2.1. Discursive and performative (in)visibility*

It is now well recognised that older age formal care spaces are regarded by older LGBN individuals as intrinsically heteronormative (Heaphy, Yip and Thompson, 2004; Guasp, 2011) to the extent that receiving care is understood as crossing ‘a heterosexual border’ (Beckett, 2004: 44). This section of my analysis offers insights into how that heterosexual border can be understood to be constituted and how heteronormativity in care spaces (Fish, 2006) can be perceived as being reproduced and reinforced as the dominant norm (Valentine, 2007). The perception of care spaces as heteronormative pervaded participants’ narratives. Cat said, for example:

You’ve got quite stropky 60 year old dykes around... the like of which you’ve never seen before. And we see it as being heterosexualised, being put into a care home... And there’s no way anyone’s doing that to me. (Cat, aged 60, ‘Lesbian by Choice’)

Here Cat not only raises the idea of heterosexism but also the concern that she will be disciplined by heterosexist norms, i.e. ‘heterosexualised.’ This underpins many participants’ fears about engaging with care spaces:

I live in an incredible amount of fear about my future. Not just as an older person. But as a gay older person. Institutions, they’re very straight. My god I hope I don’t have to go into a care home, I really do... When I think about it, I find it quite scary. It frightens me that I am just going to be invisible, a nobody, that I am just going to be lost. And what I would want to do is just die. (May, aged 64, ‘Finding Out’)

Here we can see both the fears about older age care institutions being heteronormative (‘institutions, they’re very straight’) and the associated fear that non-heterosexuals will be rendered invisible as a consequence. That lack of visibility was often associated with concerns about loneliness and isolation:

It will make you feel more isolated if you’re treated as straight or if you’re treated as peculiar if you’re not straight. (Iris, aged 61, ‘Breaking Out’)

This extract raises both the issue of invisibility ('being treated as straight') and the issue of devalued visibility ('treated as peculiar if you're not straight'), both understood as informing a sense of isolation<sup>147</sup>. How care institutions are understood to be discursively and performatively rendered 'straight' is demonstrated in Lewis' interview. Lewis is on a committee supporting his local day centre for older people. But he would not go there himself, and in this extract he explains why:

So although I'm actually supporting this heterosexual day centre, because of the need for it, I'm also trying to find alternatives for gay people... Because I can't see me fitting into somewhere like that... Because of entrenched attitudes and because it's all geared to heterosexual people.... Everything that happens, what they talk about, and their past, things that don't relate to me as a gay man. Whereas, I've got nothing against them having that day centre, but I think there should be something similar for gay people.... Because everything's heterosexist, really. They can't relate to your needs. ... You don't have 'Gay Times' on the table, but you'll have something for heterosexuals on the table. (Lewis, aged 65, 'Out Early')

Interestingly, Lewis talks about 'this heterosexual day centre': even though it is not explicitly for heterosexual people, this is nonetheless how he perceives it. Lewis highlights in particular the power of 'mundane heterosexism' (Peel, 2001) and the discursive reproduction of everyday heterosexualities (Coates, 2013): 'Everything that happens, what they talk about, and their past, things that don't relate to me as a gay man'. Alastair also raised the issue of how heteronormative discourse is embedded in heterosexist relationship discourse:

They talk about their families the whole time. Their sons, their daughters, their cousins, their nephews, their nieces, and if you say anything about your boyfriend, they say 'oh you have to go on about being gay don't you?' You feel like punching them. (Alastair, aged 76, 'Out Early')

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<sup>147</sup> Although not referred to by participants, there is the additional issue for bisexual/non-labelling individuals that even if recognised as non-heterosexual, they may then only be seen in binary terms, i.e. as lesbian/gay rather than bisexual/non-labelling, obscuring not only their self-identification but also relationship histories.

So here Alastair is describing how everyday talks about relationships located in heterosexist reproductive norms reinforces and reproduces those norms, marginalising recognition of those whose relationships are not located in them. In this way we can see how sexuality is shaped in space and also shapes space, and how discursive heterosexual performance produces heterosexual/ heterosexualised spaces. The heterosexist assumption in care spaces is also reproduced via cultural representations, e.g. Lewis' reference to the absence of Gay Times, which this extract from Alice's interview further demonstrates:

I don't want to be sitting in a urine-smelling older person's home with a lot of straight people singing Second World War songs. I'd rather be sitting with people that I can relate to, watching gay cabaret, or getting some of the LGBT film festival films coming in, you know, that sort of thing. (Alice, aged 60, 'Out Early')

This extract highlights concerns about both care standards ('a urine-smelling older person's home') *and* dominant heteronormativity, performed by 'a lot of straight people singing Second World War songs', further reinforced by a lack of cultural representation of lesbian and gay media (Phillips and Marks, 2006). Heteronormativity is thus understood as both linguistic and cultural performance, embedded in norms which both privilege heterosexuality by its assumed presence and marginalise non-heterosexuality by its unquestioned absence.

The counterpoint to fears about lack of visibility is fears about risky visibility which is considered next.

### *3.2.2. Risky visibility*

Formal older-age care spaces were constructed by participants as 'risky spaces' (Simpson 2012: 4.3). Frances for example expressed fears about abuse:

Because of our sexuality there's more to be abusive about potentially and because we're still considered less than, then the idea of stealing from us, or you know being abusive in some other way, is even more attractive. Well who cares about the fag, who cares about the dyke, they don't need the money, so in that sense we're more vulnerable. (Frances, aged 66, 'Lesbian by Choice')

In this extract we can see the concern that being recognised as lesbian or gay increases the risk of abuse (in this case financial abuse), mirroring other research suggesting that mainstream care spaces are perceived as unsafe by older LGBN individuals (Ploeg, Lohfeld and Walsh, 2013; De Vries, 2014). Of greater concern among participants was everyday homophobia i.e. 'the subtle, and problematic, aspects of prejudiced talk' (Peel, 2012: 38). Diana gave this example, talking about a friend living in sheltered accommodation, who is not open about her sexuality:

... she lives her life privately. But she has to get involved in this sheltered unit, because there are coffee mornings and things like that and, you know, she doesn't want to be unfriendly. She wants to feel part of that community. She also happens to be black. And she's had to listen to things, when people have been reading the newspaper, listen, when there's some gay issue or something, to things like 'Oh, if my daughter was like that I'd kill her'. No what does she do with that? If she challenges that she outs herself and then puts herself in a very vulnerable place. (Diana, aged 69, 'Out Early')

We can see here the tension between wanting to be part of a shared community, and yet feeling marginalised because of homophobia (most likely to be present among older people, Valentine and MacDonald, 2004). Diana's friend has chosen to remain hidden in order to feel safe and (partially) accepted. Being Black (which she is unable to conceal), and therefore (implied) in a minority among white service users and staff, Diana's friends' isolation is further compounded by issues of racism, highlighting how multiple dimensions of identity can intersect to produce inequality (Valentine, 2007).

The bulk of concerns about homophobia were in relation to care staff attitudes, about which the interview with Derek, who still works in social care, offered insights:

I was told by somebody don't tell anyone unless you have to. They [colleagues] tell gay jokes which are funny and I laugh at them but I think well if I come out to them they might think 'oh my god we told a gay joke [he] will be upset... I'd love to tell them at work. I wish I could. I mean this other gay driver, he'll say for himself, 'I'm just going out for a Barry' and that means a cigarette, 'going out for a "poof"' and he's happy with that, but when he goes out there are comments, they find it amusing. (Derek, aged 61, 'Finding Out')

This narrative echoes reports by health and social care staff of heterosexist harassment and homophobic discrimination (Hunt, 2007) many of whom, like Derek, conceal their sexualities as a result (Manthorpe and Price, 2006). While prejudice-talk is often moderated in public, and reserved for private places (Young, 1990), this is complicated in older age care spaces, where the public and private overlap (Hubbard and Rossington, 1995) and where care workers often deploy home-talk in public spaces of home-work. Stella's interview highlights how this can be further nuanced by class and culture:

There is a sort of dichotomy, in that a lot of the care support workers are minimum wage people, often now from cultures that do not have a normal view of homosexual people. So I would want them to be respectful. But I'm not sure that will happen. (Stella, aged 66, 'Out Early')

So here we see concerns about both class ('minimum wage people') and culture, in terms of staff attitudes (Walsh and Shutes, 2012). This is particularly relevant given the increase in migrant workers 'who could belong to faith communities or cultures that have negative views of homosexuality' (Carr, 2008: 117), may have strong moral objections to working with older LGBN individuals (Willis, 2013b) and may even feel it is their moral duty to try and 'save' them (Knocker, 2013: 10). The fear of cultural

*and* religious-based prejudice is reflected in the following extract from Rene's interview:

[I am frightened] that I would encounter homophobia, because all kinds of people work in care, from like fervent Filipino Catholics to young people who are not particularly educated, you know? So yes, that would make me apprehensive. (Rene aged 63, 'Breaking Out')

This extract highlights a number of important issues. Firstly the fear which can be present among older LGBN individuals that migrant care workers may come from cultures which are less accepting of non-heterosexuality than in the UK. Secondly, the perception that they may be also informed by religious beliefs which make them view LGBN individuals less favourably. And thirdly, it also highlights the racial/ethnic stereotypes which can also be mobilised, making care spaces fertile ground for the playing out of multiple preconceptions, prejudices and rights-based tensions (Walsh and Shutes, 2012).

Religion was a concern at not only at an interpersonal level but also at an institutional level:

I think a lot of the care homes are run by faith institutions of some sort who could be very homophobic indeed. (Tim aged 52, 'Breaking Out')

Institutional religious-based homophobia (Sacks 2011) is again relevant, given the increasing out-sourcing of care by local authorities to religious care organisations. This highlights the particular significance of the conflict of rights between religion and sexual orientation (Stychin, 2009) in the context of welfare spaces (Green, Barton and Johns, 2013), especially closed care spaces. As demonstrated in Chapter Two, these spaces are also ones where older LGBN individuals are under-protected from anti-harassment legislation, with the Equality Act harassment exclusions specifically

intended to avoid anti-LGBN religious proselytising falling within the confines of the Act.

Older LGBN individuals, particularly the ‘Out Early’ and ‘Breaking Out’ cohorts have lived the majority of their lives under the shadow of religious-based discrimination, both institutional and, for some, individual (‘Oh blimey, I had hands laid on me and all sorts,’ Ian, aged 69, ‘Breaking Out’) and many will be particularly sensitive to being subjected to it once more (Morrow 2001). While strategies of avoidance, compartmentalisation (of public and private expression of faith/sexuality) and selective religious networking are used by people of faith, including LGBN individuals of faith, to navigate competing rights in open spaces (Valentine and Waite, 2012) such strategies are not possible for either care workers or care users in closed care spaces (Phillips and Marks, 2006) which are sites of *both* private and public performance (Cobb, 2009), and sites of under-protection from harassment (as addressed in Chapter Two).

Anticipated risky visibility was not confined to mainstream care spaces. Many participants articulated a fear of ghettoization (Croucher, 2008), and heightened vulnerability to prejudice and discrimination, in specialist provision:

I’ve heard all the arguments for and against a lesbian scheme, or a gay only scheme, and I think I’d come down against it, because while you’re within that nice little cocoon, everyone’s friendly and it’s all going to be lovely. But the minute you step out of the door, then everyone in the neighbourhood knows that that particular block of flats is the gay and lesbian complex, so I think that is when you’re going to get the homophobia. (Bernice, aged 60, ‘Finding Out’)

This extract highlights the fear that separating off from mainstream provision could increase visibility in risky ways. In this way both mainstream and separatist provision can be perceived as sites of potential risky exposure to prejudice and discrimination.



Under such circumstances, concealment is often perceived as the safest option (Carr and Ross, 2013). This is explored in the following section.

### 3.2.3. *(In)equality of openness*<sup>148</sup>

Despite legal and structural gains in relation to LGBN individuals' equality, 'these forms of sexual legitimation have been socially and spatially uneven' (Podmore, 2013: 263). A key site of that unevenness is in relation to the open performance of same-gender sexuality lives and intimacies. Although some public places are now spaces of a certain degree of tolerance (Browne and Bakshi, 2011), this is often a 'sanitised' performance (Casey, 2013: 144). Many public places continue to be 'coded' as unsafe for overt performance of same-gender sexuality identities and intimacies (Hubbard, 2013). Because of this many LGBN individuals, especially older LGBN individuals (Guasp, 2011), rely upon home as a relatively (Johnston and Valentine, 1995) safe space for open identity performance and a means of 'resisting both the erasure and/or discipline of the heteronormative gaze' (Gorman-Murray, 2013: 103).

Formal older-age care spaces (both domiciliary and residential care) are particular sites of exposure to the heteronormative gaze (Casey, 2004; Phillips and Marks, 2006) both replicating the constraints upon public performance (Brotman, Ryan, & Cormier, 2003) and at the same time problematising the 'doing' of home, because home itself is being performed in a public place (Barnes, 2012). Several studies have observed that older 'LGB' individuals 'continue to live in fear and hide their identities' in care spaces (Harrison and Riggs, 2006: 49). This is echoed in my research, both in terms of participants' own narratives and in references to 'Voices on

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<sup>148</sup> Thanks to Ruth Fletcher for suggesting this concept.

the Margins’ (e.g. Diana’s friend). As outlined in Chapter Four, and above, only two of ten participants were open about their sexualities in their sheltered housing (one of whom was unwillingly ‘outed’). Those individuals who were not open, made those decisions on the basis of protective resistance, i.e. self-protective strategies in risky spaces, as is evident in the following interview extracts:

‘What if they [care staff] took a dislike to me? I don’t think many people here would understand it or accept it somehow’ (Agnes, aged 92, ‘Finding Out’)

‘I do not need what might be a headache or provoke an adverse reaction’ (Frank aged 70 ‘Breaking Out’)

These extracts highlight how a fear of hostility and/or rejection informs both Agnes’ and Frank’s decision to conceal. Audrey also makes links with ageing and fear:

I realise that as you get older you begin to lose confidence and when you’re very old you can become very unconfident. And I think it’s to do with losing physical strength and ability... and I think, therefore, people put up with things and don’t feel that they can fight back. And I think when you hear these things about old gay men and lesbians going into residential care homes and going back in the closet, because they just don’t feel they can cope with the prejudice, that’s *terrible*. But you can understand it, because I do think as you get older, many people do get more afraid. (Audrey, aged 67, ‘Out Early’)

Audrey is observing how older age itself can be understood as both increasing fear and reducing confidence, including in the ability to ‘fight back’, i.e. resist, in ways other than by concealment. Resistance by concealment in care spaces, however, lacks the compensatory privacy of home (Angus et. al. 2005) when home is performed in public places, disciplined by external norms and routines (Milligan, 2012) under conditions of heightened surveillance (Exley and Allen, 2007) and self-surveillance (Rosenfeld, 2003). The need to conceal in public homespaces negates the possibilities and benefits of identity-based ‘nesting’ (Falk, 2012: 1002). To give a very simple example, Rene ‘de-

dykes' (Kitzinger, 1994: 11) her sheltered accommodation when anticipating the presence of strangers:

It's a general feeling that they would treat me differently if I was out to them... I suppose it makes me a little nervous, you know, like I've got some explicitly lesbian fridge magnets stick on the side of my fridge and if I have tradesman in I tend to hide them in a drawer cos I don't want to be treated less favourably. (Rene aged 63, 'Breaking Out')

So we can see here how visible signs of a lesbian identity/life in a person's own homespace can be removed to avoid anticipated homophobic discrimination. If Rene were to live in high surveillance closed care space, she would find strategic identity management (i.e. being selectively 'in' or out' according to context: Orne, 2012) very difficult indeed, and she would probably have to choose either being all 'in' or all 'out'.

Yet the visual displays of identity and significant relationships are important:

Be nice if you could have your partner's photo up, or have a place where you can be private together, or even, in a public place, hold hands without it being nudge-nudge wink-wink. (Doris, aged 69, 'Out Early')

I would like to be able to put my photos in my room, the same as anybody else. I want to have the confidence to do that and not be abused because they're same gender. And I want the staff to be able to talk to me about them, and be positive about people being gay, a smile, a positive response, to talk to me about my photos like they would with anyone else. (Theresa, aged 63, 'Finding Out')

These extracts show how both public and private displays of affection and affective intimacies are perceived as being compromised by homes being performed in public spaces<sup>149</sup>. In this way older-age care needs present LGBN individuals with new spatial challenges in later life. This echoes research which suggests that sexuality performance is continually (re)negotiated and managed according to spatial contingencies across a

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<sup>149</sup> Although not referred to by participants this is even more complicated for bisexual/non-labelling individuals who wish to display relationship histories involving intimacies with individuals of both genders.

lifetime (Gibson and Macleod, 2012; Visser, 2013), magnified here through the added dimension of ageing and age-related care spaces.

Age standpoint is relevant here: those participants who raised the strongest concerns about mainstream provision were those who had been ‘out’ and/or in same-gender relationships for the longest periods of time, and so also had the greatest experience of institutional heterosexism and homophobia. The ‘Late Performance’ cohort, by contrast, was comparatively silent about such concern. In this way, again, past experiences cast a shadow over not only the present subjectivities of participants but their feared future subjectivities as well.

### **3.3. Association: Inclusions, exclusions, norms and normativities**

This section addresses participants concerns about being able to access support networks, and anxiety about how this will be facilitated or not by formal care provision (Section 3.3.1). It also addressed the equality implications of formal care spaces as sites ‘enforced engagement’ i.e. ‘having to engage with other older people that under different circumstances [one] would have chosen not to’ (Milligan 2012: 2116). This is addressed, from a gender perspective, in Sections 3.3.2 and 3.3.3.

#### *3.3.1. Challenges to kinship maintenance*

Maintaining attachments beyond care institutions is vital to the well-being of those residing in them (Falk, 2012)<sup>150</sup>. However, some kinds of being and belonging fit better than others in institutionalised contexts (Cooper and Herman, 2013) and for

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<sup>150</sup> As is recognised in the National Minimum Standards (Care Standards) Act 2000: assessments of people newly admitted to residential care ‘should consider the person’s social interests, hobbies, religious and cultural needs’ and ‘carer and family involvement and other social contacts/relationships’ (Dept Health, 2003: 3-4).

those who are more marginalised those attachments take on added significance. This extract from Diana's interview is an example of participants' concerns in this regard:

If I'm in a sheltered unit or an old people's home, I want to be able to read and get information and I want to be able to connect with my community. I want to go to [older lesbian group] still. Now how am I going to get to [older lesbian group] if my mobility is compromised? Is somebody going to get me a special bus? If I'm lucky I'll have friends who'll take me there once a month. But what if I have Alzheimer's? Will it be assumed I'm heterosexual and I don't need my friends to come and talk to me about my past? (Diana, aged 69, 'Breaking Out')

This extract highlights the importance of retaining connections with one's community (in this case an older lesbian community) as well as fears that such connections will not be maintained once in formal care provision. A recent US study of specialist older LGBT housing provision would appear to support this observation, reporting that for those who had sought out such provision, seeking acceptance and a sense of community were major factors in their doing so (Sullivan, 2014). Reciprocal validation was highlighted by many participants as being a vital part of later life:

It's about people, you know gay and lesbian people being able to talk about their lives, and feel people are interested and that. Cos it's really important to reminisce, you know (Jack aged 66, 'Breaking Out').

[Explaining her preference for 'gay women' only accommodation] You become friends, they're like minded, you can share your life, you can be as open as you can be, you can talk about your life, and that's what you want to do at that stage of your life. (May, aged 64, 'Finding Out')

So here we can see the importance of being able to reminisce, and of being able to do so with like-minded people. While a small number of participants did not think their sexuality would be relevant in older age care spaces ('If I am very frail and old... I can't imagine it will be a major concern of mine', Jennifer, aged 62, as explored in Chapter Four, in the context of ageing sexuality identities), the majority thought it would:

Physically I [don't] think my needs would be any different... if I can't walk up the stairs then I need a lift, just like anybody else does, and if I need a wheelchair, my wheelchair, it may have a rainbow flag on it, but

you know, it's not really any different. But it's something cultural and it's about shared experience and maybe even shared values, but I'm not sure about that. And I think it has a lot to do with friendship and support and knowing that there's a good possibility that, you know, I won't be mobile and that I want the people around me to have some sense of who I am, from their core to my core (Frances, aged 66, 'Lesbian by Choice')

In this extract we can see the key distinction between physical care needs shared with all older people and socio-cultural care needs which differentiate older people. While both Jennifer and Frances belong to the 'Lesbian by Choice' cohort, they have different understandings of the significance of their choice of sexuality in later life. Jennifer understands it to have diminishing relevance while Frances understands it to have continuing, and even enhanced relevance. For Frances, her sexuality is part of her 'core' (as would be the case for identity-based cohorts too); for Jennifer, her sexuality is not part of her core (as is the case for many of the 'Late Performance' cohort, especially the non-labelling women). In this way we can see how, while freedom to associate with those who are emotionally significant is important in general to older LGBN individuals, it has heightened significance to those for whom it is essential for identity maintenance.

Not being able to maintain affiliations and community attachments is a major affective inequality, transecting and transcending resources, recognition and representation (Lynch, 2010), with profound implications for physical and mental well-being for older LGBN individuals in later life (Fredriksen-Goldsen et. al., 2013). Yet on the other hand, enforced engagement with unwanted others can also have a detrimental effect, as is considered next.

*3.3.2. Risky hetero-masculinity: Women's fears of embodied sexual threat*

A number of women participants<sup>151</sup> - not only radical feminists – expressed concerns about sharing care alongside men, heterosexual men in particular:

I really, really hope I don't have to share accommodation with men.  
(Judith, aged 71, 'Finding Out')

I think I'd have to have a woman-only [care home], I couldn't bear to be in close proximity with men. (Ellen, aged 64, 'Late Performance')

I find men's habits not very pleasant. (Claire, aged 65, 'Finding Out')

This reluctance to live alongside men informed these participants' preferences for women-only/lesbian-only accommodation. Even some women who preferred mainstream provision had concerns about sharing care spaces with men:

I would prefer a weighting of women and not very many men, and the men would have to be very couth, don't want any horrible older things wandering around with their flies open, you know. (Tessa, aged 58, 'Out Early').

Here we can see the engagement with stereotypes of ageing masculinity. Notions of the older man as generally uncouth, e.g. ugly, dirty and lacking in good manners, are evident in Tessa's expressed tolerance for only those older men who can maintain their 'couth-ness.' Several women were concerned about men making overt sexual advances:

I don't like men. And old men, well... Well, there's the whole sort of, the whole thing of, certainly where my mum is, the sexual inhibitions go, well perhaps they never had any inhibitions, and they just get worse as they get older... she's in sheltered accommodation. But old men being flirty, I just find it completely revolting, I really do. (Sandra aged 61, 'Breaking Out')

So this extract shows firstly Sandra's baseline of not liking men, her concerns about her perception of heterosexual men's sexual (dis)inhibitions, and her understanding

that they worsen with age. Here we have a further engagement with the stereotyping of older (heterosexual) men as lecherous. Sandra also emphasises the fear of being subjected to sexual advances from heterosexual men ('I just find it completely revolting, I really do'). This fear can be heightened by older age as this extract shows:

Some of that I saw in my mum's nursing home, old blokes, just, letc.h, you know. 'Oh, dykes, phew, give me half a chance, mate'. And when you're old and weary you don't want to be fighting that kind of crap off, really. (Daphne, aged 60, 'Out Early').

This extract highlights concerns not only about being exposed to unwanted heterosexual advances, but also the impact of ageing and frailty on the capacity and willingness to resist and or defend oneself - 'when you're old and weary you don't want to be fighting that kind of crap off'. Under such circumstances, women residents would look to staff to maintain boundaries, including sexual boundaries, on their behalf. However there was a lack of confidence in care staff doing so:

I'm quite capable of saying piss off, but I don't want to see it. I think it's disrespectful. And I think it's disrespectful of care staff to allow it, 'Oh come on Jim, stop messing, put it away'. No, I would like more to be done to Jim than that... I would like them to be much firmer. Just because they're older, doesn't mean they've lost their marbles. There are an awful lot of men who are struggling with dementia, but there are also a lot who say 'it's just acceptable here'. You don't often see women doing it, do you? (May, aged 64, 'Finding Out')

May is reflecting here concerns about the extent to which staff minimise inappropriate sexual behaviour among older men in care contexts, as well as her perception there is a strong gender based dimension to that inappropriate behaviour ('You don't often see women doing it, do you?'). This highlights how both age and space can exacerbate a woman's sense of vulnerability to heterosexist harassment.

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<sup>151</sup> Claire (aged 65); Ellen (aged 64); Daphne (aged 60); Tessa (aged 58); May (aged 64); Sandra (aged 61); Judith (aged 71); Cat (aged 63).



Reflected here are notions which conceptualise ageing male sexuality as the behaviour of a 'dirty old man' (Walz, 2002; Bauer, et. al. 2013a; Sandberg, 2013). This also engages with how sexuality among those with physical and/or mental incapacities is seen as something risky that needs to be controlled (Herring, 2012). But at the same time it also speaks to the symbolic representation of enduring fears of (heterosexual) male dominance, expressed through heterosexual sexual oppression (MacKinnon, 1989). While stereotypical notions about sexual threat are being deployed here, there is also a factual basis to them: 90% of all care home residents who complain of unwanted sexual behaviour are women (Rosen, Lachs, and Pillemer, 2010) and over 90% of all perpetrators of that alleged behaviour are heterosexual men (Ramsey-Klawnsnik et. al., 2007). Although these concerns may be shared with heterosexual women (Phillips and Marks, 2006) they are particularly relevant for LGBN women who have deliberately constructed their lives in ways which centre on relationships with women and/or women who have strategically rejected heterosexual masculinity (e.g. politically mobilised 'Finding Out' and 'Lesbian by Choice' cohorts).

Those LGBN women who want gender-separate provision are not alone in this aspiration: it can also be true for some gay men as well, as addressed in the next section.

### *3.3.3. Risky hetero-femininity: Gay men's fears of hetero-feminisation*

A small number of gay men expressed a reluctance to live in mainstream provision because of the predominance of women there ('90% of it's females in nursing homes', Ian aged 69). 'Feminisation' discourse about older-age care spaces (Davidson, DiGiacomo & McGrath 2011) fails to take into account that these spaces are not only

gendered but sexualised as well. They are spaces not just of feminisation, but of *hetero*-feminisation, as is highlighted here:

... I would not want to go through that level of distress....in a care home, where I would be in a minority, a) because I'm male and b) because I identify as being gay. And the care staff making assumptions and say 'Sit next to Gladys, because she hasn't got anybody'. And I'm thinking 'I don't want to sit next to Gladys, I'd rather sit next to Bob'.  
(Sam, aged 61, 'Out Early')

So we can see hear the embodied fears of a gay man, about being in both a gender *and* sexuality minority, and being actually physically placed, or rather mis-placed, as a heterosexual man in mainstream provision.

Some of the gay men expressed a preference for gay-men only provision above and beyond concerns about hetero-feminisation. Older lesbians have very little contact with gay men, and vice versa, even those accessing specialist services (Knocker et. al. 2012), including participants in my study. As Ken observed:

...One of the things about a gay man is that he probably prefers the company of other men! Yes, we have common interests, lesbians and gay men, because we're fighting the same battles, the same prejudice and so on. But to meet socially, I can't see why you should expect that.  
(Ken, aged 64, 'Out Early')

This preferred lack of involvement extended, for some, to all women:

I am terrified of a nursing home where all the staff are female, and they treat me as if I fancy the women. Just awful... Not a woman in sight would be fine by me. I know that sounds awful. But... I just relate to men so much better... the vast majority of women that I know, pass me by, they're just part of the scenery that I can't avoid. (Phil, aged 62, 'Breaking Out').

This extract highlights an issue which is not often referred to, the strong wish not to share care alongside women, demonstrated by Phil's fear ('terror') of being surrounded by women and presumed to be heterosexual. In Phil's ideal world there would be 'not a woman in sight.' While there is a degree of legitimacy attached by some to lesbians' wishes not to be around men (Browne, 2009), a similar degree of legitimacy is often not accorded to gay men who wish to not be around women. The

dominant discourse tends to be one of misogyny (Richardson, 2004), i.e. women-hating, rather than men-preferring. It is, of course, possible to be both. What is important here is to show that, just as some older LGBN women do not wish to share care alongside men, there are also some older gay men who have constructed lives away from women and do not wish to receive care from, or live alongside, them.

### *3.3.4. Equality of association in care spaces*

While in their pre-formal care provision lives older LGBN individuals are able to selectively socially network, in mainstream residential care provision they are not. Such provision impedes their choices, exposing them to increased risks associated with heteronormativity and homophobia. At the same time it also places constraints upon access to those relationships/networks which are sources of support and act as buffers/self-protective mechanisms in response to heteronormativity and homophobia.<sup>152</sup>

## **4. Anticipating Resistance**

The preceding sections identified anticipated inequalities of resources, recognition and association, and hence power. This section considers anticipated resistance to that power. As explained in Chapter One, I am using a four-type model of resistance, adapted from Hardings (2011): resistance by concealment from power ('protective resistance'); resistance by taming power ('moderating resistance'); resistance by breaking power ('fracturing resistance'); and resistance by transforming power ('transformative resistance'). This chapter has demonstrated how older LGBN

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<sup>152</sup> This could be argued to engage Articles 8-11 and 14 of the European Convention on Human Rights.

individuals can use concealment as a self-protective resistance strategy (Section 3.2.3). It has also highlighted how older age care needs and spaces can complicate older LGBN individuals seeking to tame power, through: the constraints of older-age related cognitive and physical disabilities, and a lack of advocacy for those who cannot advocate for themselves (Section 2); a reluctance to complain on the part of older people, particularly older people with minority identities (Section 2); disciplinary processes of institutions geared up to producing docile bodies (Section 2); lack of visibility and risky visibility (Section 3.2); and constraints upon minority solidarity (Section 3.3). This section considers more proactive, and more confident, narratives of 'pushing against' resistance, as represented in: 'right to die' discourse; narratives about choice of provision; narratives about co-operative projects; and narratives about plans for open performance in care spaces.

Proactive resistance discourse was, firstly, present among those who wished to see the legalisation of assisted dying and euthanasia (Section 2), articulating a desire for (fracturing) resistance (i.e. breaking power, Harding, 2011) to 'becoming institutional bodies' (Wiersma and Dupuis, 2010: 278) and the governmentality of death and dying (Beauchamp, 2006; Tierney, 2010). Secondly, discourse about alternative forms of provision to that which is currently available, including various kinds of gender/sexuality specific accommodation<sup>153</sup> articulated another form of (fracturing) resistance i.e. breaking power systems of monolithic forms of older-age care. Thirdly, narratives about cooperative communities of care, especially among women, articulated a more transformative resistance:

My ideal, what I'd really like to do, is to sell my house, and put it together with other women selling whatever they've got, and having a big place, and living with other women, just for the camaraderie, the possibility that between us we might be able to make sure that we have the support that we need because we're older. (Rachel, aged 64, 'Finding Out')

This is an example of the theme of the ideal of a women's community as a site of pooling of resources, reciprocal support, and co-commissioning of care. This notion goes beyond moderating resistance, i.e. seeking to tame the power of formal care systems (i.e. modifying existing power structures). It also goes beyond fracturing resistance (i.e. seeking to break power) and is instead transformative (Halkon, 2013) in its re-visioning of care (Kittay, Jennings and Wasunna, 2005). It is transformative in that it seeks to develop new and different power structures, both in terms of deconstructing the notion of all older people as passive consumers of care, and reconstructing a notion of the co-production of care (Sharif et. al., 2012; SCIE, 2013) among older people. The women's collectives of the 1960's, 1970's and 1980's may yet see a revival in older age care (e.g. OWCH, 2013), echoing the principles of feminist care ethics (Tronto, 1993; Sevenhuijsen, 2003; Held, 2006; Barnes, 2012).

The fourth strand of proactive resistance narratives was integrationist, i.e. discourse underpinned by the desire for 'equal but different' care from within mainstream provision:

We should all be able to live together in harmony, but in order to do that, the staff must not assume everyone to be heterosexual and must treat everyone equally. No necessarily the same, but equally. (Bernice, aged 60, 'Finding Out')

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<sup>153</sup> A number of such projects are opening up in the USA and Europe (Adelman et. al., 2006; Stein, Beckerman and Sherman, 2010; Carr and Ross, 2013) and there are a small number of nascent projects emerging in the UK (Stonewall Housing, 2012). This is addressed in Chapter Seven.

What is being articulated here is an ‘equality of opportunity’ or ‘equality of recognition’ approach, i.e. the opportunity to be equally well recognised. This desire is for a form of moderating resistance, i.e. seeking to tame power, embedded in normalising integrationist norms (Sullivan, 1995). This was echoed among a number of participants:

I think we need something that is integrative. I think there will be, if there aren’t already, LGBT nursing homes or care homes. It wouldn’t be something I want. I wouldn’t want to live in that bubble. I don’t live in a bubble. (Bob aged 60, ‘Out Early’)

I think care homes ought to be integrated otherwise you’re going to get segregation. (Yvette, aged 69, ‘Late Performance’).

I’m not in favour of gay homes, because I think it pushes a wedge between people again. (Doris, aged 69, ‘Out Early’)

What can be seen here is a desire to be equally part of mainstream society and care provision though integration and normalisation (as opposed to deconstructing ‘normal’ (Warner, 2000). Integrationist narratives included the idea of resistance-by-training:

I think you have to go in... and change attitudes among carers. You’ve got to work with the carers on specific issues. You’ve got to address the attitudes among them. Make people aware. (Donald aged 75, ‘Finding Out’)

This is another example of the desire to moderate disciplinary power (Harding, 2011), this time by deploying staff training (Ross and Carr, 2010)<sup>154</sup> to modify attitudes. Interwoven with narratives of moderating resistance was a faith in the ability to challenge inequality at an interpersonal level:

‘I don’t want to be in an enclave. I’d rather challenge inequalities when they happen.’ (Marcia, aged 66, ‘Late Performance’)

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<sup>154</sup> While training is important (Harding and Peel, 2007); training without contextual support is often ineffective (Concannon, 2009), and is often not prioritised either at structural (Richardson and Munro, 2012) or institutional levels (CSCI, 2008), particularly during times of austerity (King, 2013). So while the, there are a range of systemic issues which may impede this (Willis, 2013a). This is explored further in Chapter Seven.

Marcia is envisioning domiciliary care provided by care agencies which she will personally select in order to avoid prejudice and discrimination ('I would vet them. I would interview them'). The key issue here is the extent to which an older LGBN individual will have the capability to do such vetting, particularly in residential care spaces<sup>155</sup>. A number of participants thought they were in a resistance 'lull' after successfully achieving civil partnerships, but that their resistance would be revived when residential care was imminent:

I think when you're confronted with something as outrageous as being driven up to Shady Pines, we'll open the door and jump out or do whatever we can do... [laughs]... And the principle has always been, unless you act and do it yourself, it don't happen. (Martin, aged 62, 'Out Early')

The problem with this strategy which Martin himself (ruefully) recognised, is that by the time he is being driven up to Shady Pines, he may no longer be able to 'open the door and jump out' either physically or psychologically. As Alex, who still works in social care, observed:

In ten years' time the people entering care homes are going to be so enfeebled, so dependent, many of them with dementia, that the element of choice, and the ability to exercise that choice is almost going to be non-existent. (Alex, aged 60, 'Finding Out').

So here we see again of how cognitive and/or physical incapacity may impinge upon resistance (Grenier and Hanley, 2007), both protective (impinging upon concealment) and proactive (impinging upon proactive strategies). Cat has one contingency plan:

Me and my friend Anna said we'd go in the same care home and we'd sleep with each other on a Thursday night and then piss on the floor the next morning. That's the only plan we've got so far. (Cat, aged 60, 'Lesbian by Choice')

This is a playful plan for embodied resistance, albeit one that still is contingent upon a certain degree of physical and cognitive capacity.

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<sup>155</sup> Those with more purchasing power may be able to do so to a certain extent.

This section has highlighted how various resistance narratives play out in participants' discourse about resisting the institutionalisation of death and dying and of potential marginalisation by (hetero)normativities within that institutional power. Given that vulnerabilities in very old age can place constraints upon resistance, it may be that younger (older) individuals performing acts of anticipatory resistance on behalf of others and their ageing future selves, may play a significant role in the extent to which that resistance takes hold and achieves change.

## **5. Concluding Remarks**

This chapter has demonstrated the significance of space and spatiality in participants' concerns about future age-related care needs. Anticipated formal spaces of older age care were perceived as being of a poor standard for all older people, with little control of the dying process. They were perceived as particularly problematic in terms of gender and/or gender and sexuality, with anticipated inequalities in relation to resources, recognition, and association. Equality of association – the ability to live alongside and/or network with personal communities - again stands out as an equality issue which does not fit easily in to either the categories of resource, recognition, or representation. It both transects the three (social networking being a social, material and affective resource and a site of reciprocal recognition and validation and opportunities for representation) and yet also transcends them, emphasising the social-relational dimensions of equality.

More broadly, this chapter has also offered new insights into how space can be understood as being discursively and performatively (hetero-)sexualised and how care spaces are sexualised spaces. They can also be spaces of (re-)concealment, as the



implied absent presences of those who conceal their sexualities in sheltered accommodation are hinted at through participants' references to 'Voices on the Margins.' There is a need for more research in this area, in order to better access these marginalised voices, learn about the actual outcomes for those individuals anticipating their care futures, and explore the extent to which anticipated care inequalities are reflected (or not) in actual lived experience.

This is the last of the three chapters based solely on the data set from the older LGBN individuals' interviews. Chapter Four addressed ageing subjectivities, and the place of the past in the present. Chapter Five addressed ageing kinship formations. This chapter has addressed anticipated older age care futures. All three chapters have traced the common thematic threads of: the productive power of temporal contexts (gendered age standpoints and their intersection with past, present and future times); the discursive and performative possibilities for ageing sexualities and kinships; the spatial and contextual contingencies of ageing LGBN performance; and the uneven access to resources, recognition, and association in older age.

The next chapter considers equality of representation. It analyses both a new data set, based on the interviews with formal activists, and compares it with interviews from the older LGBN participants, particularly those with activist histories. It critically analyses how, and whose, lives, voices, issues and concerns are being represented within an emerging social movement with/on behalf of older 'LGB'/'LGBT' individuals. It considers in particular the extent to which, and how, the subjectivities, kinships and care concerns which have been highlighted in this thesis are represented. In doing so, I show how the common thematic threads traced in this

and the previous chapters are also reflected in the uneven representations of older LGBN individuals within the social movement.

## CHAPTER SEVEN: ACTIVIST REPRESENTATIONS

### 1. Introduction

While the previous three chapters offered a thematic analysis in relation to resources and recognition, this chapter addresses representation, and the last of my four overarching research questions, namely: *How are the lives and concerns of older LGBN individuals represented by activists working on their behalves?* In this chapter, I draw upon two data sets: data from the older LGBN participants who have been and/or are activists (see Appendix I); and ‘the Activists’ data set, which is based on interviews with formal activists in the UK, USA, Australia and Canada working with and/or on behalf of older LGBN individuals (see Chapter Three for full details). I draw upon both data sets to interrogate how ageing affects activism and to compare between older LGBN narratives and how those narratives are represented by activists. I do so in three main ways: in considering the Activists’ discursive production of LGBN individuals and their ageing issues and concerns (Section Two); in exploring activist strategies on behalf of older LGBN individuals (Section Three); and in considering the future(s) of older LGBN activism (Section Four).

This chapter produces new knowledge in several ways: firstly I locate LGBN activism in an ageing context; secondly, I offer an analysis of an emerging social movement as it unfolds; thirdly, I compare and contrast different norms and normativities among a social movement and its various stakeholders, particularly the voices of those whom the movement purports to represent. I make links in particular with Didi Herman’s earlier work on the lesbian and gay rights movement in Canada

(Herman, 1990 and 1994), which I both draw, and build, upon, 20 years on from Herman's original work, and now in relation to older LGBN rights.

My main arguments in this chapter are fourfold. Firstly, that the Activists' linguistic mobilisation of 'older LGBT' discourse deploy homogenising conceptual representations, masking issues of diversity and intersectionality and in particular the voices of LGBN women. Secondly, that this nascent effort to raise the profile of LGBN ageing issues is located in the context of 'minority group' liberal constructions. These are invested in representing shared concerns, rather than differences, among LGBN (and trans) individuals, and integration with, rather than transformation of, existing power structures. This integrationist approach privileges the interests of conservative affluent gay men and marginalises the interests of LGBN women, and those individuals who lead less normative lives. The third strand of my argument is that strategically deployed tragedy narratives of comparative lack of kinship support both reinforce representations of the lonely, isolated, individual and serve to obscure the more diverse forms of kinship performed by older LGBN individuals, particularly those of older LGBN women. This, in turn, places emphasis on formal social care provision as a strategy of support rather than on strategies to support resilience among older LGBN individuals (Averett, Yoon and Jenkins, 2011; Fredriksen-Goldsen, 2011; Dentato et. al., 2014) and their own care networks (Willis, Ward and Fish, 2011). Fourthly, I propose that the under-mobilisation of formal law in activist strategies suggests a lack of appreciation among activists of how formal law might be used to address inequality issues and concerns.

## **2. Discursive Production of Older LGBN Individuals**

This section considers the discursive production of older LGBN individuals by the Activists. This is considered in relation to: collectivist constructions (Section 2.1); representation in temporal contexts (Section 2.2); and the representation in strategic contexts (Section 2.3). My main argument in this section is that the Activists' mobilisation of 'older LGB/T' discourse mask issues of diversity and difference among and between older LGBN and older trans individuals. In terms of differences among and between older LGBN individuals, their varying, gendered, age standpoints become both conflated and obscured. The dominant default discourse, I suggest, becomes that of conforming, affluent, older gay men. Narratives of sexual fluidity, relationality and more complex and contingent ageing sexualities – those of the LGBN women in this sample – and of intersectionality, particularly in relation to class, are less well represented. As a result the current discursive representations of older LGBN individuals by the Activists who were interviewed involved only partial representations of LGBN individuals' perspectives.

### **2.1. Collectivist constructions and their implications**

Activists engaging with older LGBN individuals' issues and concern consistently mobilise the acronym 'LGB' or more often 'LGBT'. In Australia the acronym 'LGBTI' (lesbian, gay, bisexual, trans and intersex) is more commonly deployed and this is evident in the narratives of the two Australian activist interviewees. The inclusion of trans issues alongside those of LGBN individuals was mobilised in three main ways: in the acronym only, with LGBN issues, but not trans issues, engaged with in the body of discourse; as issues of sameness, i.e. referring to the commonality of concerns among

older LGBN and older trans individuals; as issues of sameness and difference, i.e. identifying both commonalities and specificities of LGBN and trans individuals' experiences. While interesting, a full exploration of this issue would go beyond the remit of this thesis. My aim in highlighting it here is to show how, in the mobilisation of the LGBT acronym, issues of sexuality, gender and gender identity can become conflated and/or obscured.

In terms of the acronym 'LGB' (in 'LGBT' or just plain 'LGB'), bisexuality was hardly addressed at all, reflecting the oft observed disappearing 'B' in LGB/T discourse (Jones 2012). Only three participants, one identifying as bisexual himself, referred to issues of bisexuality:

I think we just don't know enough yet, what I know mostly is snippets of attitudes around bisexuality that I try always to keep in my mind and to try and make sure when I say LGB, when I'm talking about lesbian, gay and bisexual, that I'm trying not to just pay lip-service, but inevitably I suppose sometimes I am, because I just don't know, I just don't think we know. ACT<sub>2</sub>UK(M)<sup>156</sup>

The repeated use of the phrase 'don't know' suggests an under-representation in both visibility and knowledge production of bisexual individuals to those who purport to represent them. This lack of knowledge was raised by the bisexual-identifying activist:

I'm on an advisory group that's going to do a large study, the largest study in the world, of the mental health issues of bi people, not older people, but all bi people, but my particular role on the advisory group, they're particularly keen for me to get the questionnaire to older bi people, because they have great difficulty identifying and having any contact with older bi people. ACT<sub>4</sub>CA(M)

This extract highlights, then, not only the difficulty accessing the narratives of older bisexual individuals for research, but also, more broadly, the absent presence of older

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<sup>156</sup> Activist interview codes end with (W) for women and (M) for man, to indicate the gender of the participant.

bisexuals within visible LGBN collectives. One activist referred to a strategy within her organisation to try and keep bisexual issues on the map:

... the women's film night, it's all women that identity as LGB and/or T. So, you know, when it's the BiCon conference we make sure that the film has a bisexual theme, we make sure that for Trans Remembrance, there's a trans theme, for Black History month, we have black lesbian, you know, we theme it for different things throughout the calendar, and people just pick and choose what they come to. ACT<sub>13</sub>UK(W)

So here we can see how intersectionality is being addressed in an older LGBT support network, with bisexuality being included in a range of specific events for LGBN and/or trans women.<sup>157</sup> This strategy was an exception to the general discourse among the Activists.

The Activists' 'older LGB' narratives primarily defaulted to references to 'older lesbians' and 'older gay men.' And those constructions of older lesbians and gay men were primarily, either explicitly or implicitly, those with greater LGBN longevities, and emancipatory narratives:

Sexual identity is a core part of our whole identity. It feels weird and wrong when people assume I am heterosexual, I don't see why that would change when I am a hundred and one. We are denied our life stories when our sexuality isn't recognised. You wouldn't deny a Greek woman her Greek heritage, why do we even contemplate that it's ok to deny her lesbian identity? ACT<sub>11</sub>AUS(W)

I think older LGBT people do fear older age, either going back into the closet, that you stop being LGBT at 50 or something, that you become asexual, that you become a homogenised person. ACT<sub>12</sub>UK(W)

For the older generation, that they're so use to being pointed out, to having the finger pointed at them, that, you know, this or that has been going wrong in your life because you're gay, because you're lesbian, experiences of older lesbians, as I'm sure you're aware, having kids taken off them and put into care, because you're not a fit mother, you're a lesbian. The guys, their stories of being arrested, held in prison,

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<sup>157</sup> Following a UK seminar on bisexual ageing in 2013 ([http://www.surrey.ac.uk/sociology/research/researchcentres/crag/seminar\\_series/](http://www.surrey.ac.uk/sociology/research/researchcentres/crag/seminar_series/)) the Opening Doors London project has recently set up a support group for older bisexual women.

some of the guys said 'we couldn't have love letters, we couldn't keep address books, we couldn't maintain our friendships' and I think as the LGBT population are coming out, really as older and gay.' ACT9UK(M)

These extracts highlight the construction of lesbian/ 'LGBT' as a core sexual identity. Discourse also framed LGBN individuals as a collective (often in conjunction with trans individuals):

...this sort of groundswell that's happening now around LGBT older adults is I think people are finally starting to pay attention to this group as a marginalised community... ACT7USA(W)

... the implications for the wider LGBT community... ACT13UK(W)

Just as with LGBT youth, LGBT elders must interact with authorities and communities that they'd been able to avoid during their adult years ACT17USA(M)

... to support the older gay and trans community... ACT18UK(W)

These extracts show how community discourse is mobilised by the activist interviewees, including the shorthand 'gay community' when referring to LGBN individuals. New Social Movements (NSMs) often involve the introduction of 'new or formerly weak dimensions of identity' (Johnston, Larana and Gusfield, 1994: 9) and collective mobilisation under that identity (Taylor and Whittier, 1999; Della Porta and Diani, 2006; Polletta and Jasper, 2011). Mary Bernstein (2009) has proposed that identity is mobilised in social movements in three main ways: for empowerment (to 'mobilise a constituency' Bernstein, 2009: 267); as a goal (i.e. the recognition of a new identity); and as a strategy for critique (to confront 'the values, categories and practices of the dominant culture,' Bernstein, 2009: 267) and education (to challenge the dominant culture's 'perceptions of the minority' (Bernstein, 2009: 267).

This downside of the strategic mobilisation of a collective identity (Gamson 2009), as observed in Chapter One, is that it can be homogenising and, particularly in



terms of ‘community’ discourse, misleading (Pugh, 2002). It also engages with notions of ‘immutability’ (Herman, 1990: 812), i.e. conceptualisation of sexuality as a fixed sexual orientation. This is located within wider lesbian and gay rights movements discourse dominated by ‘the liberal equality paradigm’ (Herman, 1994: 5) which represents lesbians and gay men ‘as a discrete minority community, whose innate “difference” should not result in prejudice and discrimination’ (Herman, 1994: 5). As King and Cronin have observed,

While at one level we would argue there is a need to raise awareness amongst policy makers and service providers through the introduction of identity categories such as lesbian, gay man, or indeed bisexual man or woman, we would caution against their use in an unproblematised manner, which does not take account of the diversity and intersecting identifications that they obscure. (King and Cronin, 2013: 116).

This collectivist, homogenising semi-essentialist discourse obscures issues of intersectionality (Cronin and King, 2010) and serves to ‘obfuscate divisions within social movements’ (Herman, 1994: 44). One of those key divisions is that of gender. And it is the atomistic, immutable identity narratives of the older gay men in my study which are more closely represented in this homogenising discourse, rather than the sexually fluid, relational, temporally and spatially contingent sexuality narratives of the LGBN women in my study. This echoes, again, Herman’s critiques of lesbian and gay social movements:

The minority framework is a model of questionable value to any social group; in relation to lesbians and gay men it seems particularly inappropriate. If, as many feminists contend, sexuality is socially constructed, and there is no necessary or natural link between reproductive capacities, gender categories, and sexual desire, then representing lesbians and gay men as an immutable minority may restrict rather than broaden social understandings of sexuality. (Herman 1994: 43-4)

Taking Herman's critique a step further, then, I would also suggest that homogenising discourse about older LGBN individuals obscures the intersection of ageing, gender and sexuality in relation to later life inequalities. It conveys an over-simplified representation of older LGBN individuals which obscures in particular women's more fluid and complex sexuality narratives, wider intersectionalities, and informal care networks, as reflected in the interviews in this study.

## 2.2. Representation and temporal contexts

As has been argued in previous chapters, temporality informs issues of diversity among and between older LGBN individuals. This section considers how ageing LGBN temporalities are represented by the Activists. Firstly, however, I locate those representations in their own temporal contexts.

### 2.2.1. Ageing, 'activist retirement' and intergenerationality

The representation of older LGBN individuals' temporal contexts is, of course, itself temporally located. There is more than one kind of activism, and while this chapter focuses on the impact of ageing on formal activism and the need for representation on behalf of older LGBN individuals, more informal activism performed by those individuals also merits recognition:

I do often question the framing of certain things people do as 'activism' and certain people as 'activists'... The use of the words in these ways ascribes, for me, a certain status which potentially may devalue the activities of others that may be no less significant even if they may be less visible. People can be enormously courageous and influential in their families and communities simply by leading open and honest lives, without necessarily being involved in a rally or putting out a media release or even signing a petition. ACT15AUS(M)

This participants recognises the importance of living 'ordinary lives' as a form of activism/resistance (Harding, 2011). One aspect of this everyday living is the passing on of pro-LGBN values to grandchildren:

My granddaughter said to me the other day, and I can't remember apropos of what, I think it was something to do with a photograph, and she said 'Oh women don't kiss women', and I said 'Oh yes they do', and she's five, just turned, and she said 'Do they?' As soon as I said 'Yes they do', she said 'Do they?', she didn't really know, she just hadn't seen any, so we had a little talk about it, about loving people, and she was absolutely fine about it. They don't care, they're not worried, they will get worried eventually, because someone will tell them it is something to get worried about, but at the moment they're not. (Vera aged 60, 'Finding Out')

Two of my daughters live in ['middle class area'] and the smaller of the children go to the local primary school, and there's two gay men who live there, and they have a child. And it's quite accepted that they take the child to school. And my middle daughter, her children said 'When you get older, how do you know whether you marry a man or a woman?' So, Rebecca said to them 'Well, it depends who you really like. If you really like and love a man, you will marry a man. Or if you really love and like a girl, you'll marry a girl.' And he said 'Oh, I don't really like girls, I think I'll marry a man'. [And] she was fine about it. (Des aged 69, 'Breaking Out')

So here we can see how Vera is gently teaching her granddaughter about same gender love, and how Des' grandchildren (with whom Des is open about his sexuality) are asking not about the rights and wrongs of same-gender love, but how you choose. These children are being taught (and modelled) the acceptability of same-gender love by grandparents and parents who are living examples of it.

In terms of more formal activism, it can be affected by ageing. As two of the older LGBN interview participants, both lifelong activists, observed,

But the trouble is, we're getting old, and I've watched my peers suffer with worse conditions than me, and I perceive that in myself. I'm not as mobile as I used to be. I decide if I'm going to certain places now. I'm not going to travel all the way across [city] for a debate on something. I want things to be more local. So I have a vested interest in my own

locality. But I can't be a woman on my own to do that either, so I think we want some intergenerational stuff. (Diana aged 69, 'Out Early')

Insofar as I am an activist at all, yes I will take those issues up. But my problem now is that physically, it's difficult. I have difficulty walking, I'm in constant pain, I have bad neuropathy. And you need a certain degree of energy to do that. And so what I tend to do now is provide a bum on seat or turn up and wave a stick, or something like that. But as far as organising goes, I've been organising people all my life, and I was certainly burnt out by the end of [it]. But take a major leadership role, no.... I want time to myself. Which leaves us with a neat dilemma, how will we get any of this done, if none of us will do it?! (Donald aged 75 'Finding Out')

These two extracts highlight how changing levels of functionality impinge upon older LGBN individuals' abilities to perform as activists, including in the representation of their own issues. Changing focus can also come with age:

Even some people who have spent all their lives fighting and challenging and campaigning have said to me 'You know what? I've had enough. I've spent the last 40 years fighting and campaigning and I don't want to do it anymore... And I'm fed up of fighting, and I'm fed up of challenging, and I just want to take a back seat now.' And I think that's brilliant, when people say that actually. I've heard this in workshops and seminars and I've heard other people stand up and say 'But it's what gets me out of bed in the morning, and I want to keep challenging and fighting till I go to my grave.' And I think we have to respect both of those actually. ACT2UK(M)

'And it came up at our last workshop... it was about .... Older LGB people themselves being activists. And somebody said – and I thought it was quite an interesting point – 'Look, I just want a kind of quiet life. I just want to retire. I don't want to have to do all of this. I want someone to do it for me.' ACT8UK(M)

So it feels to me that there is a very strong interest in campaigning among some older women's organisations. But I think there are also significant numbers of our members in the women's group, particularly older women, in their seventies, who are saying 'we've done enough, we just want to have a good time.' ACT14UK(W)

These extracts demonstrate how older age can produce a shift in attitudes towards activism, with recognition of the need for support from others. This echoes the extracts from Diana and Donald's interviews: the need for support from others, and, by

implication (and made explicit in Diana's interview) the need for that support to be intergenerational. Formal activism is, then, located within temporally driven needs and concerns and temporal restrictions on the capacity to self-represent among older LGBN individuals. What results is a gap between the need for representation of older LGBN individuals and reduced capacity and/or willingness among those individuals to self-represent. It is into this gap that comparatively younger activists have stepped:

And that's the thing that drives me, in 20 years' time that could be me, I mean it might not be, but it could be, and my feeling is if we get it right now, we get it right for everybody, and that's kind of what drives me.  
ACT10UK(W)

So, for this activist, one element of activism is a form of 'pay-it-forward'. It is that recognition that ageing issues are, ultimately, everyone's issues, and that most LGBN individuals will be older individuals one day, that can potentially provoke an intergenerational response:

Clearly we need to engage LGB seniors more in the campaigns and to ensure that their voice is better heard as strategies are being developed. Having said that I would also argue that it is important not to forget that we are all ageing and all LGB people have a stake in LGB ageing and the development of LGB friendly aged care services, policies and laws. ACT15AU(M)

My sense is that younger people probably won't, but middle aged people might start to, perhaps being a visitor or a volunteer, or something with an older person, especially if you have had some ruptures with your own families, there may be some mutuality in knowing an older person. I mean that's where I would start, rather than with very young people. When we've looked for volunteers, it's been mostly middle aged people who have come forward, or younger older people who are on the brink of retirement. ACT6CA(W)

As these extracts suggest, LGBN ageing issues have relevance for all LGBN individuals, and those 'younger older' individuals engaging in activism now are doing so on behalf of older generations and on behalf of their future selves. This again highlights the significance of intergenerational support for older LGBN individuals.

*2.2.2. Homogenised, binary, constructions of LGBN ageing*

In addition to the temporal contexts of activism itself is the issue of which, and whose, temporal contexts are being represented by the Activists, and how. As I have argued in previous chapters, older LGBN individuals are differentiated by gendered age standpoints (age-generations; personal chronological age; narrative cohorts; and LGBN longevity). This differentiation informs how they understand and describe their sexualities, how they engage with ageing equality issues, and what access to resources (social, material and financial) they have in later life. While the Activists engaged with chronological age and age generation discourse, there was very little reference to the differing biographical narratives among older LGBN individuals, and in particular, little reference to those individuals who more recently engaged with a minority sexuality in later life. Primarily the distinction between older LGBN individuals was one of ‘older older’ and ‘younger older’ generations:

We tend to talk about ‘older older’ LGB people as the generation that puts up and shuts up. As there is with all generalisations like that, it is not, generally speaking, a stroppy generation. But there are loads of exceptions to that within our community, because there are older lesbians and gay men who have been fighters all their lives. And they carry on being fighters. But I think generally it is fair to say that the discrimination they have experienced for most of their lives is really going to have a seriously debilitating effect on their ability to challenge now. But then there is the ‘younger older’ generation who have spent their lives campaigning and marching and fighting for their rights, and they are going to encounter those services in very difference ways and they’re going to be much more demanding. ACT2UK(M)

We can see here the temporal narratives about older LGBN individuals in terms of their relative chronological age (‘older’ and ‘younger’), LGBN longevity (in terms of those who have experienced discrimination for longer periods of time), and historical regulatory and socio-cultural contexts (those who have/not engaged with more recent

rights activism). But these are still narratives which construct 'waves' of ageing (immutable) LGBN individuals and do not interrogate how those individuals themselves, and their sexualities, have been, and now are being, socially constructed. Sexual fluidity, relationality and contingency – the narratives of LGBN women more than men – are given little consideration.

In terms of a lesbian political identity, this is not referred to at all by the majority of activist interviewees, and even when it is, is relegated to historical narratives:

Most of the lesbians I know have been through the women's movement, we've all gone through the feminist movement, you know. We've all been radical or socialist feminists as well as maybe being part of GLF, because there was always that thing, should you identify as lesbian or gay, you know. So I was at the younger end of them, they're mostly in their sixties. But we were saying we're part of a generation who's had to swim against the tide from such an early age that you will constantly, someone said recently 'If you get a group of old feminists and you say, oh shall we put the chairs like this, someone will say, well why are we putting the chairs like this? And that's just how we've been for forty years, that's how we've got where we are, but it's habits that die hard... It can stand in the way of things as well. You know, you can be, just can we just watch the telly? [laughs] ACT14UK(W)

This extract shows how a feminist activist constructs ageing feminist lesbians in terms of ingrained, historically located patterns of practice which interrogate assumed (normative) ways of doing things. They are not constructed as being politically relevant in the present. This woman activist is one of the very few to articulate a political component to some lesbian women's identity narratives:

And I think the most political women have known each other for 20 or 30 years, and the clashes run deep. And sometimes, there does feel like a certain level of hostility that creeps into what should be a very interactive social space. But some of these women have been political creatures forever. And for them lesbianism is as much a disclaimer of their political life, their political allegiance to certain ideals, as anything to do with their sex lives and their sexual orientation. And although

many of the men are massive campaigners, you know, founders of the GLF, I don't know that it's quite the same thing there. And some women who have had nothing to do with the women's movement, that creates another tensions. ACT<sub>13</sub>UK(W)

This extract highlights the different ways in which politicisation is implicated in the construction of sexuality and sexual identities, both between LGBN women and men *and* between LGBN women *and* women in the wider feminist movement. These are among the very few examples of sexuality being recognised as something beyond the immutable and that can also involve personal and political choice, i.e. the narratives of the radical feminists in my research. The gender dimensions of sexuality and ageing are generally under-represented in the Activists' discourse. The narrative cohorts beyond those of the 'Out Early' cohorts are also under-represented, particularly the sexually fluid 'Late Performance' and 'Lesbian by Choice' narratives of older women.

### 2.3. Representing LGBN ageing issues: Social isolation and care provision

The Activists' narratives about ageing issues relating to older LGBN individuals cohere around two main themes: a) social isolation and loneliness; and b) heteronormativity and homophobia in care provision. A number of the Activists located social isolation and loneliness at the intersection of ageism, heteronormativity and homophobia:

And it's about younger people understanding our history, what's got us here, and what people had to do to get use here...You know, you talk to the younger generation about Polari, and they go 'What's Polari?' Because when you're young and gay, you don't want to think about being old and gay, you can't think about past the weekend in Soho. ACT<sub>10</sub>UK(W)

if somebody is old and gay or old and lesbian, rather than them spanning two communities [they] tend to feel rejected by both communities. ... they feel rejected from the LGB community because of their age, and they feel rejected from the ageing community and other older people generally because of their sexual orientation. ACT<sub>2</sub>UK(M)



These Activists locates older LGBN individuals' loneliness and isolation at the nexus of two sites of exclusion: ageism among LGBN individuals; and heteronormativity and homophobia among older people and ageing services providers.

The prevailing narrative among the majority of the Activists – women and men – was that LGBN men - 'gay men' - were comparatively more disadvantaged than LGBN women. So 'older gay men' were understood to be at greater risk of social isolation and loneliness than 'older lesbians', and to have less informal social support than them:

Women tend to make friends better and are able to hold on to their friendships... Lesbians maintain their social networks better... Social isolation, social loneliness, is a key factor. If you're looking at the older LGBT population, your average older gay man, it's not like he can pop down Old Compton St... In London particularly the gay scene is very commercial, it's a very young, very pub oriented, club oriented, scene. They're not able to pop down to their local gay pub. ACT9UK(M)

And a lot of lesbians, I think they socialise in groups of friends, and they have dinners together, and fun and enjoyment, and maybe read books, book clubs and stuff. They organise themselves, 'I don't need you to organise my life thank you very much!' ACT4CA(M)

These extracts are indicative of the widely held view among the Activists that social isolation and loneliness, and associated inadequate social support, were more of a problem for older gay men than for older lesbians. This was also reflected in terms of access to children:

I think more of the women will have had children. I think the women are more likely to have kept contact, not matter what has happened in their life. And I think the way women socialise, more around the home, means they will get more help in the home from one another. ACT6CA(W)

In this reference to LGBN women's comparative access to children (about half, according to this sample and Guasp, 2011), compared with between a quarter and a third of gay men) they are presented as being better resourced as a consequence in

later life. The gendered and classed financial implications of having children (as addressed in Chapter Four) are not taken into account. Moreover, the fact that between a quarter and a third of gay men are also childwith is not addressed. Access to children is then seen as a differentiator between gay men and lesbians rather than a differentiator between women of all sexualities, between LGBN women, and between gay men. It becomes, instead, an issue of gender difference between LGBN woman and men, and is constructed in terms of gay men's comparative disadvantage, selectively mobilising areas of advantage for women (children as a resource) and discounting areas of disadvantage for women (material and financial consequences) and the issues of childfree older LGBN women. Moreover, focussing on older LGBN individuals who lack informal social support, obscures the lives of those who do not experience such a lack, as well as the under-recognition and support for informal carers (Chapter Two).

The second major area of concern articulated by the Activists was in relation to issues of heteronormativity and homophobia in older age care contexts:

There is absolutely without a shadow of doubt in my mind, quite high levels of homophobia and transphobia among care staff, that's definitely there, a lot of it is being absolutely, utterly oblivious. ACT<sub>13</sub>UK(W)

Because you're kind of at the mercy of the home care worker, right, and also you're very vulnerable, you're not going to be carrying your activist flag when you're not very well... ACT<sub>5</sub>CA(M)

That seems to become more critical with age, particularly when health-related vulnerability steps in. With low energy or frailty, the opportunity to stand up for oneself is greatly diminished, so it's harder to deal with thoughtless, indifferent or unfriendly treatment. ACT<sub>11</sub>AUS (W)

These extracts identified the commonly held view among the Activists that care contexts were sites of discrimination, based on sexual orientation, and that with older

age ‘frailty’ or ‘vulnerability’, an individual is likely to find that discrimination more difficult to navigate.

So age-related loneliness and isolation, and issues of recognition (of sexuality) and discrimination (based on sexuality), are the two primary areas of concern among the Activists. These issues were also raised in the thematic analyses based on the older LGBN interviews data set. What is of particular interest are those ageing issues that were *not* raised by the Activists, or only peripherally, but which *were* raised in the interviews with older LGBN individuals, namely: issues of older LGBN carer recognition, of ‘sexuality blind’ community care policy and of human rights and equality law matters (Chapter Two); issues of diversity among and between older LGBN individuals (Chapter Four); issues of intergenerationality, both as a recourse and in terms of recognition (in particular the re-invisibilisation of older lesbians through the lens of compulsory grandmotherhood) (Chapter Five); issues of care standards for all older people, lack of choice in older-age housing and care provision, risky hetero-masculinity, risky hetero-femininity, and ‘right-to-die’ concerns (Chapter Six).

The Activists’ representations of ‘older LGB/T’ issues relate to narrow parameters of social isolation and care provision. I propose that this is connected to the arguments I made in an earlier section: that activists working on behalf of older LGBN individuals are mobilising a ‘liberal equality paradigm’ (Herman, 1994: 44), which represents older lesbians and gay men as a discrete minority community which should be entitled to the same access to rights and privileges as older heterosexual-identifying individuals. This strategic mobilisation of community (explicit and

implicit), and of older gay men and lesbians as the same as older heterosexuals ‘but for’ gender of partner (Taylor, 2011a: 587) invokes rights-based arguments along the lines of sameness of entitlement (to social support and to health and social care that is non-discriminatory). This also parallels, to a certain extent, generic ageing activism which focuses on social isolation in older age<sup>158</sup> and the need to improve housing and care provision<sup>159</sup> although it falls short (so far) on generic ageing activism’s promotion of ‘successful ageing’<sup>160</sup> and commercial products aimed at ageing consumers<sup>161</sup>.

The strategic mobilisation of community as a category is deeply invested in *not* identifying divisions among and between older lesbians and gay men, and among older LGBN individuals more broadly. This investment *necessitates* the minimising of gender differences (interestingly other than when gay men are perceived as being disadvantaged), the emphasising of lack of informal social support, and the focussing on tackling inequalities in mainstream provision (rather than addressing alternatives to that provision). Why gender is particularly mentioned in relation to social isolation, I would suggest, is for two main reasons. Firstly, it is due to the continued privileging of the narratives of older gay men (who are more likely to be socially isolated) over those of other older LGBN individuals, particularly women. And secondly because social isolation is an issue perceived as being one which older gay men have in common with older heterosexual men: it emphasises commonality between gay and

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<sup>158</sup> E.g., in the UK, Age UK’s campaign against loneliness in older age: <http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/befriending-services-combating-loneliness/> .

<sup>159</sup> E.g., in the UK, Age UK’s campaign to improve older age care (<http://www.ageuk.org.uk/home-and-care/campaign-for-better-care> ) in older age.

<sup>160</sup> E.g., in the UK, Age UK’s campaign for healthy ageing (<http://www.ageuk.org.uk/health-wellbeing/>).

<sup>161</sup> E.g., in the UK, Age UK’s commercial sales arm of the organisation (<http://www.ageuk.org.uk/shop/>) selling various age related services and goods, including insurance, financial products, holidays, computers and phones, independent living aids and healthcare aids.

heterosexual men (privileging sexuality is a distinguisher, rather than gender and sexuality) rather than the differences between them.

### **3. Knowledge Networks and Training**

The priorities identified by the Activists (social isolation and loneliness; heteronormativity and homophobia in care/housing provision) are also then reflected in their strategic responses: building knowledge and social support networks; and tackling discrimination in care/housing, primarily through the delivery of training and consultancy. Each will now be considered.

#### **3.1. Building networks**

This section considers the building of two types of networks: knowledge networks and social support networks.

##### *3.1.1. Knowledge networks*

The Activists described five types of knowledge networks. The first is in relation to a general awareness-raising among providers:

There are a number of people across the country who have never considered this to be an issue. Very well-meaning, well-educated people, but they've never thought about, historically, the issues that people might have been through. So, why would a lesbian be different from her heterosexual neighbour? Because she's lived through all these different things, terrifying and traumatic things in her life, potentially, and so she's had a very different life experience, which of course is going to shape how she accesses services as an older person. So we're trying to get information out there, and we're doing that in a variety of ways, one of which is our website, and promoting the existence of our website. Another is webinars, so trying to reach agencies through different one-hour time slots. ACT7USA(W)

So we can see here how through awareness-raising, activists are seeking to overcome heteronormative assumptions about ageing populations. In the UK this awareness-raising involves leaflets produced by organisations such as Age UK and Alzheimer's Society. There is no central website or training forum as yet. The second kind of knowledge networks involves creating links and facilitating dialogues between older LGBN individuals and service providers:

We provide a space where housing providers, age appropriate groups (e.g. Independent Age), and community members all come together to talk about what's happening around housing, what it's future could be. It's a place where community members can say to housing associations 'Why don't you do that?' and housing associations can respond. We also have people who are involved in things like care agencies... it's all beginning to add up, and people are beginning to talk, and that's what my job's about, it's about bringing all those people together, and getting them to communicate. ACT10UK(W)

This extract highlights the importance of creating networks for dialogue between interested groups and agencies, and of facilitating the representation of older LGBN individuals' voices and interests to those who would provide services to them. In this way recognition is increased and the potential access to resources is improved. One example of such an endeavour in the UK, is that of Stonewall Housing's project, which aims to create dialogues between older 'LGBT' individuals and service providers (Stonewall Housing 2012). The third kind of knowledge network involves raising awareness among targeted professionals, the benefits of which are highlighted in the following interview extract:

We had a social worker who called us after an awareness-raising training who said 'I'm working with an older man and I believe he's gay. I've no idea how to approach it with him, I think he's so isolated and lonely, he would almost certainly benefit from your project, how do I raise it with him? I don't just want to say "excuse me, sir, are you gay?" and scare the hell out of him'. So we said if you get six or seven leaflets for different services you know, put in like one for the

women's Bengali group. He's not a Bengali woman. So if there's six or seven leaflets, 'that's not for me', 'that's not for me', this is the toenail cutting service, this is the befriending scheme, this is for older lesbian and gay people, this is for Bengali... and just leave it with him. And, do you know what? She called back a few days later. It worked. He's going to give [us] a call. He was really excited. He was excited that he was presented with such an option and that such an option existed. ACT13UK(W)

So we can see how working with professionals can help them to both recognise older LGBN individuals' needs and identify the most appropriate strategy for offering support to address those needs.

The fourth type of knowledge network involves facilitating knowledge exchanges between academics, practitioners, and the wider public:

We don't have our own research funds but we partner often with academics and we take on a lot of the outreach, community engagement, side of it, and also the knowledge translation side of it. So we can then bring the findings into the training, we can post things on our website, we can put things in our newsletters, and that sort of thing. So we often bridge the gap between the researcher doing the actual research and then how does it get out and influence policy, practice and so on. So we do that kind of work. ACT6CA(W)

This extract highlights the important role played by activists and agencies in representing, and facilitating the recognition of, research findings beyond academic spaces (King, 2013). It is difficult to avoid the cliché 'knowledge is power' here, because the Activists clearly saw that by disseminating information about older 'LGB' lives and issues they were both tackling lack of recognition of those lives and issues, and also bringing together individuals to address relevant concerns.

The fifth type of knowledge network involves bringing disparate community groups into contact with one another:

So, for equity-seeking groups, they have had, or developed, non-profit organisations, or these more research networky things. And we went

and said there's nothing like this for LGBT people. If people want to know where can I find this or where are the best practices, where could I get a policy, where could I find training on this, there was nowhere else to turn, just nothing, because everything else was so grass root, all we had was these little groups, and sometimes they didn't know about each other. You could have somebody in one town saying is there a group in wherever. They don't even know, it could be happening in some church basement, they don't even have a brochure. So we said, we can make all that we have visible, first of all, and then we can try and build more. And they bought it. ACT6CA

So here we can see the presence of both a large state-based organisation creating visibility and interconnections for much smaller, local, and individually organised groups. While this networking is being facilitated by Rainbow Health in Canada and by SAGE in the USA, there is currently no such central hub in the UK.

### *3.1.2. Social support networks*

The second type of networking involves the setting up of formal social support networks for older LGBN individuals. Several (urban) voluntary organisations run social groups, lunch clubs, film nights, and so on for 'older LGBT' individuals (see Appendix J for full details). The benefits of such endeavours are shown in the following example:

Some folks probably about twenty five miles south of here start another LGBT café, a dinner programme and there was a woman who responded to it... it was a challenge for her to arrive as she may be in a wheelchair, I'm not sure, and when they said 'Don't you want to eat?' she said 'I am so full, I am so full of joy at being here with these people, I can't eat a thing.' So, you know, I'm always thrilled that we can do that for somebody and help them to feel sort of more connected because they've been so isolated. ACT3USA(W)

So here we can see the simple joy experienced by a marginalised, disabled older lesbian, in being connected in with others with whom she can identify. Such support can, literally, be a lifeline to some older people:



Classic example, one of my chaps, who's now 84, and he met his partner when he was 17... and his partner died four years ago now. And that is all he has ever known from the age of 17, is being with his partner... he doesn't know how to be on his own...His first port of call was his local Age UK group. As soon as he attended and started talking about 'my partner died', 'ah, poor you', [but then] 'my partner, *his* name was'.... they shunned him, homophobic abuse, so not only did he have to deal with bereavement, of 57 years, but he also had to deal with homophobia on top of that. So [it] left him, literally suicidal. [Now receives 1:1 support and attends groups both provided by older LGBT support network] and now he's coping, depending on the day ACT9UK(M)

This extract highlights how disenfranchised grief (Fenge and Fannin, 2009) after a lifetime of being in a hidden gay relationship, left an older gay man suicidal, mitigated only by 1:1 and group support from an older LGBT network, which he could fortunately access in his local area. Interestingly, most 'older LGBT' support providers, find that users of their services want gender-specific provision:

But we never had a lot of lesbians. Also you hear [about the project] among the lesbian community 'Oh it's so gay' but the executive director, the programme director and many of the staff are lesbians. You hear lesbians say 'It's so gay,' you hear gay men say 'It's so lesbian, I don't feel comfortable there.' ACT4CA(M)

We've held listening events set up theatre style, where the women all sit that on that side of the room and all the men sit on the other side. It's like you're at an Orthodox wedding or something, and the genders are split immediately. ACT13UK(W)

Again, it's that individual personalities some think, 'As a gay man I have nothing in common with lesbians, why would I, why would I want to mix with them?' And similarly on the women's side 'I don't want to mix with men'. And some people think what utter rubbish, you know we fought together in the seventies. And again it's looking historically, you've got that seventies movement, feminist movement, lesbian separatist movement, and equally, some of the guys genuinely not liking women, or some of the guys having gone through that experience of being ostracised by the women like that, 'Fine, they don't want to play with me, I'm not playing with them' ACT9UK(M)

So here we can see how generically constructed social support provision, at the level of lived experience, is then differentiated long gender lines. The gender divisions negated

by generic ‘Older LGBT’ discourse are nonetheless performatively (re)produced in formal social support spaces.

### 3.2. Tackling discrimination in older age housing and care

Activist discourse about tackling discrimination in older age sheltered housing and care engaged with two main issues: making mainstream provision more ‘LGBT’ friendly, and issues regarding specialist provision. Each will now be considered.

#### *3.2.1. Making mainstream provision more ‘LGBT’ friendly*

The primary strategy among the Activists in terms of making mainstream older age housing and care provision less discriminatory was that of the delivery of training to make that provision more ‘LGB/LGBT’ friendly (Knocker et. al., 2012; Rogers et. al., 2013; Erdley, Anklam and Reardon, 2013; Meyer and Johnston, 2014; Dentato et. al., 2014).

Care home staff do need training to be made aware that being homophobic or heterosexist is a non-starter. ACT1UK(M)

Training. Training in long-term care facilities and training in the community. I think training, in-house training, and continuing training, basically education, it's education, is the way to overcome homophobia. ACT4CA(M)

The Australian government recently committed funding to provide LGBTI sensitivity training to aged care providers ACT15AUS(M)

The emphasis on training to combat heteronormativity and homophobia in older age social care contexts iterates beliefs within wider lesbian and gay activism ‘that negative attitudes and behaviours towards lesbians and gay men can be challenged through education’ (Peel, 2002: 255). While emphasising the importance of training, the Activists also recognised that it needed to be located within a broader organisational development context:

So I tell them 'I can come in once and I can turn the light bulb on, but I can also come back and do some consulting with you over time to help really set some roots in.' ACT3USA(W)

Changing cultures is not about skills and competencies and training days. It's about leadership, it's about working alongside workers, being alongside them for a specific period, about having specific areas to target. ACT16UK(W)

I think you've got to train right from the top, because you've got to get them, the senior management team, involved, because then it filters down, and then you can embed it in your policies, and you can ensure that your staff do what your policies set out you should do... It's not enough to have it sat in the policy book, is it? You have to use it. ACT10UK(W)

So in these extracts we can see the perception that training needs to be located within the context of wider, ongoing, organisational development (Landers, Mimiaga and Krinsky, 2010). However, such organisational change is resource-heavy, and many activists take a pragmatic approach instead:

I think ideally and if resources were available, I think an agency would be able to work alongside a consultant who knew exactly what was needed and how to implement change, to make that culture shift within the agency... Our perspective right now is to get people trained at least to the basic level which for now is generally a one-shot deal with an agency is the best we can do ... the hope is that those folks will be able to contact that trainer and work with them some more. ACT7USA

This extract highlights how activists are trying to raise recognition among service providers as a minimum target, from a pragmatic perspective, despite recognising that organisational consultancy in conjunction with training might be more effective (Porter and Krinsky, 2014). The question here is the extent to which stand-alone training is sufficiently effective, or whether the presence of that training might almost be understood as tokenistic, masking the need for more comprehensive interventions.

Embedded in the training narratives was the notion of 'cultural competence': e.g. 'culturally competent care' (ACT17USA(M)) and 'cultural competence training on LGBT issues' (ACT7USA(W)). Cultural competence (Dreher and MacNaughton, 2002;

Williams, 2006; Balcazar, Suarez-Balcazar and Taylor-Ritzler, 2009) is an increasingly popular concept in ‘LGB/LGBT’ training and practice discourse (Wilkerson et. al., 2011; Gendron et. al., 2013) and, more recently, more specifically in relation to older ‘LGB/T’ care provision and associated training (Hardacker et. al., 2013; Portz et. al., 2014; Fredriksen-Goldsen et. al., 2014). Cultural competence is described in this context as:

When the staff, using the systems within the organization, are able to identify and address the needs of a particular group within the larger pool of all constituents. In this case, the cultural group is LGBT older adults. (Meyer 2011: 25)

So we see here the strategic mobilisation of older LGBT adults as a cultural group. Such a cultural competence approach, as highlighted in Chapter Two, is constrained in its usefulness because of both blanket collectivism (Johnson and Munch, 2009) and notions of ‘cultural coherence’ (Rathje, 2007: 260), which tend to under-represent diversity among older LGBN individuals. The delivery of this training is increasingly taking place through more formal, structured, and professionalised organisations (e.g. Adelman, 2006; Espinoza, 2011b; Porter and Krinsky, 2014). While such organisations may be more efficient and effective (Staggenborg, 1999), they are also less likely to have a radical agenda (including that of radical lesbian feminists, Dixon, 2010) and more likely to mobilise discourse of respectability (Richardson 2005) in order to appeal to mainstream funders and government (Ward, 2008). The construction of sanitised and homogenised images of ‘LGB’ ageing (Gamson, 1995) often reflects the experiences of affluent gay men who ‘promote the image of monogamy, domesticity, and prosperity’ (Ward, 2008: 60).

This professionalised privileging of one type of narrative about ‘LGB’ ageing, which involves presenting older lesbians and gay men as ‘ordinary normal citizens’ (Richardson, 2005: 531) means that ‘dominant heteronormative assumptions and institutions’ remain unchallenged and ageing LGBN identities/sexualities become ‘privatized’ and ‘depoliticized’ (Duggan, 2002: 179). This in turn fails to address the underlying power relations that shape and inform equality (Herman, 1994), reinforces the power of those institutions whose inclusion is being sought (Richardson, 2005: 531), and further marginalises the place of gender in (older) lesbian and gay equality discourse (Richardson, 2000b). This is of particular significance because, as Davina Cooper has argued, in terms of local state political contexts, dominant ideologies dictate what can be thought about in terms of minority group representation (Cooper, 2006). The narratives of dominant groups representing people with minority identities becoming privileged and accorded ‘expert’ status which assumes that they speak for all, which further marginalises the people with minority identities not represented by those groups and in fact consolidates the boundaries and structural inequalities which exclude them (Cooper, 2002 and 2004).

### *3.2.2. Specialist provision*

None of the Activists themselves were involved in the provision of specialist housing/care, although a small number alluded to it (again, for full details of existing provision, see Appendix J). One activist described a particularly renowned USA project, *Rainbow Vision*:

Rainbow Vision... It’s a lovely place, it’s predominantly LGBT, but allies are there if it works for them to be there, but there’s a ninety per cent LGBT and then ten per cent non...and it’s a great space ... they have the Radcliffe Hall and the Marlene Dietrich dining room and the

assisted living upstairs is called the Castro they have the Billie Jean King fitness centre, I mean they have fun with this place and it's part of the culture... ACT<sub>3</sub>USA

This is an example of a reversal of dominant culture: rather than heterosexual cultural norms prevailing, lesbian gay and bisexual ones prevail instead, evidenced in language, discourse, visual representations and other codes and signifiers that offer representations of older 'LGB' lives. Older heterosexual members are not excluded, and heterosexual 'allies' are welcome to live there too. In a sense this the reverse of an 'LGBT friendly' project where heterosexuals predominated, being, instead, a 'heterosexual allies' friendly project where LGBT individuals predominate. Worthy of note is that there is only one woman-specific project in the USA, for lesbian, bisexual and heterosexual women<sup>162</sup> and a nascent women-only project in the UK, which is open to all women, regardless of sexuality (but without an explicit inclusion of 'minority' sexualities)<sup>163</sup>. There were tensions in the Activists' discourse about the need for specialist provision. Some advocated a menu of choices:

It's not 'one size fits all' and not everybody wants the same thing, so what you have to have is a variety of options, so stay at home with carers that are LGBT friendly, an option to move into sheltered accommodation that is LGBT friendly, an option to move into nursing care, or residential care, or extra care housing, or any of a number of housing options, that are LGBT friendly. ACT<sub>10</sub>UK(W)

Some people may prefer to receive service by LGB-specific organisations, others will want to receive services from mainstream organisations that are LGB friendly. ACT<sub>15</sub>AUS(M)

These extracts are examples of the viewpoint that there should be a range of housing/care options available to older LGBN individuals. Those options are constructed around notions of 'LGBT friendly' or 'LGB friendly' provision, rather than

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<sup>162</sup> The Resort on Carefree Boulevard (<http://www.resortoncb.com/>)

<sup>163</sup> The Older Women's Co-Housing project (<http://www.owch.org.uk/>)

more specific forms of provision (e.g. women/lesbian- only or gay men- only). But other Activist participants were dismissive of specialist provision:

..... I'm often asked, why don't we have an LGB care home, my answer is that those who need that type of care home, the older older LGBT population, are those of the keeping your head down, literally as a day to day survival mechanism, so those are the least likely to say 'oy I'm gay'. ACT9UK(M)

I think that separatist provision is not what most people in this country want... less and less are people saying they want an LGBT care home or an LGBT community. They say they want integrated provision where they feel respected ACT2UK(M)

One woman has had this idea for years... that younger lesbians will be part of an inter-generational women-only or lesbian-only space. And that these younger lesbians will help the older women in a somewhat familial structure... I don't know anyone that's trying to gear their housing into that inter-generational model.... some of the women are like 'that's the most ghastly idea I've ever heard of'. ACT13UK(W)

I think ultimately really you can't set up separate things all over the place, it has to be integrated. ACT6CA(W)

These narratives are examples of the views of those who do not support specialist provision, based on perceptions that it is not wanted by older LGBN individuals, or only by a very small minority, and that it is not practical. This is, of course, at odds with the articulated preferences of the majority of older LGBN women in my sample, and with a significant minority of the gay men, who wanted gender/sexuality specific provision and/or self-directed co-commissioned housing with care. The Activists tended to take a passive approach to research, often relying on information provided by others. If research tells them LGBT friendly is the preferred option, then that is also the view they are most likely to represent. Similarly, drawing only upon the views of users of their 'Older LGBT' services - who are themselves more likely to be predisposed to mixed provision (given they are using it) – can also convey a skewed picture informing activists' understandings of key issues.

### 3.3. Under-mobilisation of formal law: An absent presence

Interestingly, there was a significant silence among the Activists about mobilising formal law to challenge inequality affecting older LGBN individuals. The exception to this was in regard to estate planning and powers of attorney:

I always encourage people to write wills, and make LPA's, to use the law to make sure that what they want to have happen, happens.... It is just so important to make your wishes known. ACT1UK(M)

People in our community should prepare for end of life as soon as possible. People should write their ordinary wills, their living wills, make it clear how they want to spend their last days. ACT18UK(W)

This extract highlights the importance of mobilising law to ensure that future wishes are fulfilled in the case of mental incapacity and/or death (Knauer, frth). This activist had seen first-hand how formal law can also empower older LGB individuals who might otherwise be side-lined from decision making about a loved-one's care during times of crisis:

One guy's partner... he'd had dementia, and the attitude of the partner with dementia's relatives – sister and brother and associated in-laws – was venomous. That venom and hostility had been presenting itself for years. They'd been together for 40 years. He did manage under the MHA 2005<sup>164</sup> to get deputyship with regard to personal welfare. But that was fought tooth and nail... fortunately the medical staff didn't bow to the sister's hostility... Without it (deputyship), it would have been a difficult time for him. ACT1UK(M)

This extract highlights how formal law has an important role to play in ensuring that older LGBN individuals are not excluded from decision-making about their loved ones at end-of-life. It also shows how hospital staff recognised and validated a long-term partner in the face of hostility from biological family (RCN and UNISON, 2007). Tied in with this are a growing number of publications from specialist organisations, advising older LGBN individuals of their legal rights and how to mobilise them (e.g.



Age UK, 2011; Stonewall Housing, 2012 & 2013), as well as, in a small number of organisations, advocacy supporting them in doing so.

Above and beyond issues of Wills and LPA's (in the UK), there was little or no discussion among the Activists about using the Equality Act 2010 or Human Rights Act 1998 to challenge 'sexuality blind' community care provision (Cronin et. al., 2011), inadequate home and/or residential care provision, and/or a lack of choice in care provision. Very few UK activists had received any training in relevant legislation, and for those who had, this training had mostly been at an introductory level, with insufficient knowledge, skills or expertise to mobilise formal law effectively. One UK activist did mention law's potential:

'I think people are more aware now of equality policies and legislation and feeling that, you know, if you experience outright homophobia from a service provider, then you, you know, it's, you can complain, and things will get done.' ACT8UK

This reflects 'the model of legal protection [which] assumes that those who have suffered harm will recognise their injuries and invoke the protective measures of law' (Bumiller, 1992: 2). However, this sense of confidence in individuals' knowledge of, and ability to mobilise, law, particularly in relation to service provision inequalities, was not borne out in interviews with older LGBN participants. None were aware of the harassment exclusions in the Equality Act for example. Audrey reflected on her own lack of knowledge in this area:

But where does understanding of the law come from? There is no channel, is there, for us to understand this. We only find out about the law when we're in trouble and need to know it. Because we got to Citizen's Advice or a solicitor, and they tell us. But when new law comes in, the only things we ever find out are the incorrectly reported spectacular bits that get into the newspapers. Nobody puts a leaflet

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<sup>164</sup> The participant is actually referring to the Mental Capacity Act (MCA) 2005.

through your door saying this new law has been passed and this is how it will affect you. They put a leaflet through your door saying how to recognise if you're having a stroke. You'd think they could put it through your door ... I mean didn't they put a big fat booklet through our doors telling us how to deal with a nuclear explosion ... well it would be more useful for them to tell us about the Equality Act. (Audrey, aged 67, 'Out Early')

These observations are revealing in terms of how people find out about their rights in law and their ability to mobilise those rights. With the decreasing access of free legal representation in the UK (Hynes, 2013) the opportunities to be assisted in doing so, particularly in terms of welfare law, are increasingly limited. Moreover some Activists expressed ambivalence about the place of law in challenging the attitudes and/or behaviours of service users in health and social care:

There is a big difference between outright discriminatory, hateful, hurtful language that incites hatred and just mutterings of disapproval... Although some people, when it comes to service users, even find the outright expressions of discrimination very difficult to deal with because it's from a private individual rather than an employee or a volunteer. And I think that's one of the biggest problems that we face. The attitudes themselves and the behaviours themselves, but also people's feelings of helplessness in actually tackling it, ACT2UK(M)

This extract is illuminating in several ways. Firstly it highlights the nuanced layers to prejudice and discrimination, particularly at an interpersonal level. Secondly, it raises the problem of peer-to-peer discrimination in private or both public *and* private (e.g. care 'homes') spaces for which there is no legal redress. Thirdly it addresses the problems for staff in policing discriminatory attitudes and behaviours between peers in care tensions relating to the public-private divide in care spaces (Cobb, 2009), and how to regulate the attitudes and behaviours of private individuals (rather than employees) in public-private care spaces. In a sense these issues appear to be seen by

activists as 'beyond the law' (Fleury-Steiner & Hodge, 2006: 173) i.e. out of law's reach.

Mobilisation of formal law to secure statutory funding was raised by activists in the USA, Canada and Australia (see above). Australian activists made particular reference to it:

... the Federal Government has agreed to include LGBTI seniors as a 'special needs group' under the Aged Care Act Allocation Principles. This has been something that LGBTI ageing activists have been campaigning for, for many years, and was a key point made in a number of submissions to the Productivity Commission Inquiry into Aged Care. One implication of the designation as a special needs group is that aged care providers seeking accreditation will need to demonstrate how they are responsive to people with special needs, as defined in the legislation. It also means that there is a legislative basis for prioritising LGBTI consumers or funding LGBTI-specific aged care services. There may well be other, broader, implications of identification of LGBTI seniors as a 'special needs group' that are yet to be discovered. Certainly it gives this group more public recognition than ever before. ACT15AUS(M)

... seeing how law reform (e.g. the *Aged Care Act* establishing 'special needs' status to LGBTI older adults, and amendments to the *Sex Discrimination Act*) can be an effective driver of policy change in agencies and service providers. The speed of this change has been most surprising. ACT11AUS(W)

These extracts construct identify the benefits of mobilising formal law as a driving force for change. In the USA, one activist speculated about making 'cultural competence training' mandatory:

One interesting piece, legislatively speaking, that's popped up now in California, and they're trying to do something in New York, was this idea of mandating cultural competence training, as part of the other training that services providers received, they must go through a certain number of hours to do their job, in certain industry settings, it's not everyone. There's no way you can regulate for that kind of training. Well I suppose you can regulate for it, but it's not going to happen right now [laughs] for every single person from the doctor right down to the food service person to receive the same level of training. But there's been a push to have some legislative implementation that requires cultural competence training on LGBT issues. I think that's a fascinating idea. ACT7USA(W)

Interestingly, this activist assumes that such mandatory training would not apply to everyone working in health and social care, which is a very low baseline to start from. Even so, this extract highlights how regulation could ensure the delivery of equality and diversity training in general and older LGBN training in particular.

The comparative lack of discourse about using formal law (e.g. equality and human rights legislation and/or care legislation, see Chapter Two) to challenging discriminatory practice is significant. Fleury-Steiner and Nielsen suggest that ‘there are a multitude of reasons that ordinary people do *not* turn to the law to solve their problems’ (Fleury-Steiner and Nielsen, 2006: 7), which include: a lack of awareness that they have a legal remedy; they may think informal solutions are preferable; or they may not have access to resources to seek a remedy. Whether activists constitute ‘ordinary people’ these reasons may nonetheless apply: activists seem to have little appreciation of law’s potential in relation to LGBN inequalities in older age, and lack the expertise themselves and/or access to the expertise of others (i.e. resources) to do so. Other activists, such as those taking a more (radical) feminist stance (such as Jennifer’s ‘I don’t like the law coming in... The law doesn’t work for women, it doesn’t work for minorities generally...’<sup>165</sup>) may be disinclined to deploy formal law.

A preference for informal solutions may be related to the specificities of care contexts which involve interpersonal relationships spanning the public/private divide and a reluctance to deploy formal frameworks for social relations (Ewick and Silbey, 1998), as well as the location of activism in increasingly professionalised contexts (see the previous section). These privileged, professionalised, processes of recognition can,

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<sup>165</sup> See Chapter Five

again, further compound the marginalisation of less-well represented voices. They also negate more adversarial approaches to inequalities through the exercising of formal legal mechanisms. In a sense they de-activate the possibilities of engaging more formal mobilisations of law.

#### **4. Activism: Looking to the Future**

In terms of the future, several activists proposed renewable kite-marking of ‘LGBT friendly’ organisations and a formal visitors scheme offering advocacy to older ‘LGB’ people (and, potentially, all older people) in closed care spaces. Both of these developments would require a shift in UK social policy, and, crucially, access to new funding. Resources are a central concern. Funding for ‘older LGB/LGBT’ activism varies markedly between the four countries in which the activist participants live and work. To examine the comparative funding streams would go beyond the remit of this thesis. Suffice to say that, unlike in the USA where there is both federal and state funding, supplemented by a well-established culture of corporate and individual sponsorship (Espinoza 2011a) in the UK, there is no national and little or no local government funding, and minimal sponsorship<sup>166</sup>. As a consequence, many ‘older LGB/LGBT’ projects are reliant upon short-term charitable funding:

One of the things about voluntary funding is that it's always so short-term, isn't it? I mean it's the short-termism of these projects, I mean you've only got the foundations in, these things take time, so, yeah, I think there needs to be something more core at the strategic level. Will we get it in these terrible cuts climate? I don't know. But at an idealistic level, I think we should. ACT17UK(W)

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<sup>166</sup> The previous Opening Doors Project run by Age Concern, as was, now Age UK, the UK's national ageing charity, was a short-term funding project which ended in 2009.

So here we see two issues being raised. First, the lack of statutory funding and reliance upon charitable awards means that most projects are precariously positioned. Secondly, this precariousness is heightened during times of austerity, such as now.

This concern was raised by a number of the Activists:

'[I have] a concern. It's that this area will suffer because of the whole economic situation. Because I think it's perceived as a sort of slightly worthy but possibly frilly sort of extra. There's talk about the rolling back of the human rights agenda, isn't there? And that does concern me, because I do think there has been tremendous progress made over the last ten, fifteen, twenty years, but particularly that last ten years, and I sort of think, is that, is that going to carry on? Yeah. The optimist in me thinks, well yes, we've got the legal safeguards, as it were, that gives it a momentum and a requirement for work to be done, but the sort of pessimist in me thinks this is the sort of thing that got cut in the 1980's, you know, is it going to happen again?' ACT8UK(M)

This extract highlights two key issues. Firstly, 'LGB/LGBT' ageing is undervalued as an equality issue (Richardson and Munro, 2012) and equality and diversity itself can be seen as an optional extra during times of financial constraint Crowley (2013). Secondly, the shadow of the 1980's, the Thatcher government and Section 28, continue to loom large in the minds of LGBN activists in the UK, who know from personal experience how quickly progress can be reversed under a government that is less supportive towards equality and diversity issues in general and LGBN issues more specifically. This informs the concern that the recent economic crisis and government cutbacks in public and voluntary sector funding might have a detrimental impact on older LGBN activism (King, 2013).

There is also the issue of how and by whom this activism will be taken forward in the UK. In previous years several national organisations were apparently taking an interest in LGBN ageing. Age Concern had Lottery funding for its national Opening Doors programme, Alzheimer's Society had an LGBT support network, and more

recently Stonewall commissioned the YouGov survey, and Stonewall Housing created a specialist project worker post addressing 'older LGBT' housing needs. This apparent multi-organisational interest led to a USA activist who previously worked for SAGE telling a UK activist that he thought the UK did not need a single national organisation such as SAGE in the USA:

[He] said, both publicly and privately, to me, 'I'm not sure you do need a SAGE in your country, because what you have in the UK, is you have mainstream organisations who are actually sitting up and taking these issues seriously. We need SAGE, in the States, because the mainstream providers, both public and private, are not recognising our community, are not taking our issues seriously. ACT2UK(M)

While these observations may have been accurate at the time, things have changed. Age Concern's Lottery funding for the national Opening Doors programme ended several years ago and, without alternative funding, the programme was discontinued. Stonewall shows little appetite for taking on ageing issues, other than the one-off report on the YouGov survey and associated guidelines (Taylor, 2013), and appears to focus on schools and employment as sites for tackling inequality.. The funding for the Stonewall Housing older LGBT housing project worker runs out at the end of 2014 and, at the time of writing, there is no new funding in sight. Alzheimer's Society's 'LGBT' support group was disbanded several years ago. So there is no national organisation taking the lead on ageing LGBN issues in the UK. Without such a driving force, activism is currently often piecemeal, single-issue, not joined up, and its impact, at a national level, is limited. It may be that the time has come to ask whether the UK does indeed now need its own equivalent of SAGE.

Finally, in terms of looking to the future, many of the Activists articulated the need for more research:

One of the issues that we have, talking to housing providers, is that there's no stats to back anything up, and they go 'oh no we don't have any here' and you'll talk about Australian research, and they'll say 'but we don't have people like that here'... Hubbard and Rossington was 10, 20 years ago, and we need to have a look at what's happening now, what's going on now... ACT10UK(W)

In many ways this extract ties in with a recurring theme of this thesis: namely that without adequate research activists and policy makers are relying on partial, privileged, representations (Averett, Yoon and Jenkins, 2012) of older LGBN lives 'to claim legitimacy and render queer worlds visible in the policy process' (Grundy and Smith, 2007: 294). Without robust research, activists will struggle to make their arguments for policy changes and increased access to resources.

### **5. Concluding Remarks**

This chapter has highlighted how the Activists' representations of older 'LGB'/'LGBT' individuals, their issues and concerns, only partially reflect the narratives of the older LGBN individuals in my research. In particular, the narratives of LGBN women, of individuals who do not mobilise sexual identity categories to describe their sexualities, and of individuals who have engaged with LGBN sexual identities/sexualities in later life, are under-represented. So too are the voices of those individuals who want alternatives to mainstream older age housing and care provision. I have argued that the strategic mobilisation of collective identity and community narratives, within the context of a liberal rights model, serves to give voice to one particular narrow set of partly shared narratives, and is invested in excluding other voices of diversity and dissent.



## **CHAPTER EIGHT: CONCLUSION**

### **1. Introduction**

In this thesis have explored how ageing, gender and sexuality shaped equality in later life. My four main research questions have been: 1) How are the lives of older LGBN individuals framed in regulatory contexts? 2) How do these regulatory frameworks inform ageing LGBN subjectivities and kinship formations? 3) What are the main concerns of older LGBN individuals in relation to ageing? 4) How are the lives and concerns of older LGBN individuals represented by activists working on their behalves? I have argued that temporality and spatiality shape uneven outcomes in later life by informing the discursive and performative production of ageing, gender and sexuality, which in turn influence access to resources, recognition and representation.

In Chapter Two, I addressed the first of my research questions by examining the regulatory contexts through and against which older LGBN individuals experience and construct their lives. I argued that there is now a four tier system of relationship recognition in UK law, which prioritises the conjugal couple and biological family and marginalises friendships and SLIFs. I also proposed that the ageing legal subject in health and social care law is predicated upon heteronormative assumptions, which disadvantages older LGB individuals and their informal carers. I also demonstrated how the Equality Act (EQA) 2010 under-protects older LGBN individuals in its single strand approach, construction of sexuality as an orientation, and in its harassment exclusions.

In Chapter Three I outlined my empirical research methodology, which was aimed at addressing the other three of my research questions, and considered methodological issues relating to researching ‘hidden populations’; the ‘insider-outsider’ dynamic; and issues of the waiving of confidentiality. In Chapter Four I addressed ageing LGBN subjectivities (research question (2)) and introduced the cohort model which I have developed which, I suggest, improves on previous cohort models by taking into account both identity-based and non-identity based accounts of sexuality, the gendering of sexuality. Drawing upon the cohort model, I offered an account of how the past shapes the discursive and performative present and, in turn, access to recognitions and resources in later life. I focussed in particular on the gendering of ageing sexualities and how the ageing experience is also nuanced by gender by issues of class and access to material and financial resources.

In Chapter Five, I addressed older LGBN kinship construction (research question (2)), through the lens of the cohorts. I showed the relevance of the cohorts for how participants understood same-gender partnership relationship recognition. Drawing on participants wide-ranging narratives of their kinship networks, I argued that they complicate, and at times contradict, ‘family of choice’ discourse, and highlighting the significance of intergenerationality for access to resources and recognition in later life. In Chapter Six, I addressed the third of my research questions (What are the main concerns of older LGBN individuals in relation to ageing?) by exploring participants concerns about anticipated future care needs. I argued that participants’ concerns about future care needs were spatialized concerns relating to issues of anticipated inequalities, based on age, gender and sexuality in older age care

spaces. I suggested that the voices of older gay men are privileged over the voices of other LGBN individuals, particularly women, in relation to care and accommodation preferences.

In Chapter Seven, I addressed the last of my four research questions (How are the lives and concerns of older LGBN individuals represented by activists working on their behalves?). I argued that activists working on behalf of ‘older LGBT’ individuals are invested in mobilising homogenising rights-based discourse which served to obscure issues of diversity, particularly gender differences. I suggested that they promote the interests of ‘respectable’ older LGBN individuals, particularly gay men, over those of LGBN women and less ‘respectable’ older LGBN individuals.

In this chapter, I draw together the threads of my thesis and reflect a little further on key themes. I return to ‘Voices on the Margins’ and consider whose voices are missing from my research, and what is implied by their absent presence. I reflect on the impact completing this thesis has had on my own life, and conclude by making recommendations for social policy and future research.

## **2. The intersection of ageing, gender and sexuality**

In this thesis I have argued that in order to understand the meanings of ageing for LGBN individuals an analysis has to be located in terms of their engagement with the past, present and future. That engagement is informed by their age standpoints, notably by the cohorts to which they belong. Gender, I have proposed, is central to the experience of ageing, and to ageing sexualities. Gender informs age standpoints, access to resources and recognition – past, present, and in anticipated futures – and representations of LGBN individuals and their concerns. Gender also informs, and

differentiates, constructions of sexuality among and between older LGBN individuals, and their understandings of what those sexualities mean in ageing contexts. In particular the essentialist, atomistic, identity-based narratives of the men participants in relation to their sexualities, mean that they locate their ageing in terms of *being* older gay men. While some of the women participants also understood their ageing in terms of *being* older lesbians, others located their ageing sexualities in more fluid, relational and context-contingent terms. All of the women participants understood themselves in terms of *being* ageing women, in other words they, unlike the men, experienced ageing as a gendered event.

Age standpoints informed, among other things, perspectives on equality. For the individuals who had ‘come out,’ and/or been in same gender relationships for the longest periods of time, the changes in legal and social status were quite remarkable. This was less so for those who had ‘come out,’ and/or formed a same gender partnership, more recently. Even so, all the participants saw their ageing as being located in a particularly significant socio-historical time: those who had lived long enough to see changes they thought they would never see in their lifetimes (e.g. civil partnership, and now marriage); those who had lived long enough to find discursive spaces to articulate a hidden sexual identity (e.g. Agnes at 85); those who found that later life offered a springboard to a new life, whether it was one long-dreamed of (Joan, aged 67), or one completely unimagined (Angela, aged 64). Ageing, then, for some, especially the women participants, offered expanding relational opportunities. But this was not so for everyone. For Les, and for Dylis, in very constrained financial circumstances (Chapter Four) and for Sally, who thinks all her options have run out

(Chapter Three), ageing involves shrinking opportunities. And, of course, as the participants identified, ageing can mean different things at different (older) ages.

*How*, ageing, gender and sexuality intersect to influence the later lives of LGBN individuals is complex, highly context-contingent and often nuanced by other factors (class, physical and/or mental well-being, functionality, etc.). These also intersect with spatial contingencies, as highlighted by participants' narratives about anticipated care futures. As Gill Valentine has observed, 'the ability to enact some identities or realities rather than others is highly contingent on the power-laden spaces in and through which our experiences are lived' (Valentine, 2007:19). Intersectionality is thus spatially constituted. Different spaces produce and reinforce different intersecting aspects of identity. Gill Valentine showed how a disabled black woman, married to a man, but then also exploring a sexual relationship with a woman, experienced different forms of inclusion and exclusion according to spatial context. For example, 'the Deaf club is produced as Deaf, heterosexual, and white; the office workplace as a hearing, masculinist space.' (Valentine, 2007: 19). Valentine also highlighted how different *types* of spaces, e.g. Deaf club, work, can produce different dominant spatial orderings and 'hegemonic cultures through which power operates to systematically define ways of being, and to mark out those who are in place or out of place' (Valentine, 2007: 18).

This of course is relevant for older LGBN individuals in terms of dominant spatial orderings, both in relation to the reproduced privileging of youth in particular LGBN spaces (e.g. the gay commercial scene, Simpson, 2013a) and the reproduction of heterosexuality in age-specific leisure spaces (Simpson, 2012 and 2014) and in housing, health and social care spaces (Ward, Pugh and Price, 2011). But it also has

wider implications. This study has added to Valentine's insights in two main ways: firstly in understanding how care spaces are also sexualised, normative spaces; and secondly in offering an understanding of how the discursive and performative privileging of heteronormativity and heterosexism can be perceived to operate in those care spaces. This then offers wider insights into the systematic reproduction of heterosexuality in institutionalized settings.

Based on the findings from this study, the discursive and performative privileging of heterosexuality in sheltered housing and care institutions is read by the participants as operating in four main ways: in everyday talk among staff and service users which assumes heterosexuality to be the norm; in heteronormative relationship discourse which again assumes heterosexuality to be the norm; in implied or explicit cultural devaluation of LGBN sexualities; in the presence of heterosexual-privileging media and the absence of media which reflect LGBN lives. All serve, separately and together to reproduce and reinforce heterosexuality, heteronormativity and heterosexism.

The intersection of ageing, gender and sexuality also has implications for activism with/on behalf of older LGBN individuals. As highlighted in Chapter Seven, the majority of activists interviewed were from a lesbian and gay rights perspective and their focus was on making mainstream provision more 'LGBT' friendly. This was informed, in part, by pragmatism, and also from an 'LGBT' rights-based approach, which meant that issues of age and gender discrimination were less well addressed. So the focus was on sexuality in older age contexts, and tackling heteronormativity, heterosexism, homophobia (and transphobia) in those contexts. There was far less emphasis on tackling ageism among 'LGBT' networks and mainstream activism, or

heterosexism in ageing activism, and very little attention given to the significance of gender as a dimension across those sites.

This raises interesting issues about a lack of attention to intersectionality in activism, a (possibly strategic) focus on single issues (e.g. tackling heterosexism and homophobia towards lesbians and gay men) and homogenizing representations among activists. It echoes in many ways the concerns among earlier rights activists about the under-attention to issues of gender and other areas of diversity among 'lesbian and gay' rights campaigns. It seems that intersectionality and activism can be a very difficult mix.

In terms of the intersection of ageing, gender and sexuality, then, a major equality issue is the under-recognition and under representation, of the intersections themselves, in regulatory contexts and by activists. This echoes Conaghan's critique of intersectionality (Conaghan, 2009) - that it cannot take into account multi-dimensional oppressions - and Ehrenreich's observation that it cannot simultaneously meet the competing needs and interests of different groups (Ehrenreich, 2003). This is particularly problematic when those different groups are under one collective group umbrella, and individuals under that umbrella are themselves, individually, members of more than one competing group.

This absence of intersectionality is also reflected in UK rights discourse i.e. focussing on rights accorded to single, separate identity groups, not their intersections (Verloo, 2006; Hannett, 2003). The Equality Act, with its focus on 'protected characteristics' and the removal of dual discrimination affords no opportunity for protection from multiple intersecting discriminations, i.e. to be old *and* lesbian, or old *and* gay *and* Black, or old *and* bisexual *and* disabled. Whilst the public sector duty in

the original version of the Act would have created an onus on public bodies to actively counter disadvantage between groups (Squires 2009), this too has been significantly diluted in the coalition government's revisions of that duty (EHRC 2012), leaving an enduring emphasis on singularity and individualism.

The end result, for older LGBN individuals, is that social policy and legislation, when it does recognise older age or gender or 'sexual orientation' as equality issues, recognises them separately, but not together. So flows of policy and legislation for older age will not reach some older *LGBN* individuals because of their sexualities; and flows of policy and legislation for LGBN individuals will not reach some *older* LGBN individuals because of their age. And for older LGBN women, with their tripartite intersecting experiences of discrimination associated with age, gender and sexuality (and others too, e.g. class, ethnicity, disability, etc), there is no scope to address this multi-faceted, inter-connected, operation of disadvantage. So while intersectionality is an effective theoretical tool, it can be less effective in operational terms.

### **3. Which/whose equalities?**

In Chapter One, I outlined the integrationist/assimilationist debate. Across subsequent chapters I have argued that those LGBN individuals leading more 'respectable' (Richardson 2000) lives are more likely to be privileged in access to recognition and resources. The desire to be seen as normal, as 'just like' heterosexual-identifying individuals apart from the gender of one's partner, has been an overriding narrative among the majority of participants. What *kind* of normal can be most clearly seen in the discussions about civil partnership and same-gender marriage. Those who want same-gender marriage, and all its trappings, believe equality means having



access to the same relationship institutions as heterosexual-identifying individuals. Those who want civil partnership, but not marriage, want their relationships to have equal rights and responsibilities, and equal status, to marriage, but they do not want it to be the same institution as that of heterosexuals. Then there are those on the margins, who want neither, who resist the associated norms, and who feel marginalised by the domesticated, couple-driven lives which are prioritised and privileged in society.

As also observed in Chapter One, there is an argument that civil partnerships and same gender marriage will not simply bring some LGBN individuals closer to the fire (of resources and recognition), but that it will expand the fire's reach to warm a greater number of people, both those engaged in regulated coupledness and nuclear family performance, and those who are not. The argument also goes that queer ideology has an elitist 'I am more queer than you are' element to it, and has an inherently reductionist absurdity, in that as more normality gets queered, there will be less and less to queer, until everything is queered out. Of course the counter-argument to this is that the more people there are huddling around the fire, the less heat there is for those (reducing) few on the (expanded) margins, and that, as long as there are norms, those norms have the potential to be queered, so it is impossible for there ever to be an end to queer.

The significance of all this, in the context of this thesis, is which of the older LGBN individuals are close(r) to the fire in later life and which are further away. I have argued that couple privilege even with the additional financial responsibilities, buffers LGBN individuals from some of the social marginalisation associated with ageing. I have also argued that access to children and grandchildren also acts as a

buffer, in terms of access to informal social support (Chapter Five). In terms of care provision, I have suggested that the more gender non-conforming, less mono-relationship performing, the more difficult it will be for them to fit in within care contexts, and, conversely, the more conforming an individual's performance and lifestyle, the less difficult it will be (Chapter Six). Lastly, I have proposed that activists are promulgating sanitised versions of ageing LGBN individuals in order to make them more appealing to heteronormative, heterosexist audiences (including care providers) (Chapter Seven).

Tying this all together, I propose that the extent to which participants feel they are now enjoying comparative equality in later life depends upon how they understand equality and where they locate themselves in relation to the norms of inclusion and exclusion relating to gender, sexuality and ageing, in a later life context. The most radical participants, Cat and Phil, are leading semi-separatist lives and clearly locate themselves as gender and sexuality outsiders looking in on either a patriarchal and heterosexist world (Cat) or a woman-unavoidable 'straight' world (Phil). Their options to resist this in very old age could be constrained and reduced to peeing on care home floors (Cat) or ending one's own life (Phil). The current lack of radical voices among activists means that there is at present a representational gap in regard to Cat and Phil's respective perspectives. But the possibility nonetheless exists, for (younger) LGBN others to champion their more radical corner(s) with the aim of achieving more transformational resistance.

#### 4. Voices on the margins

In terms of unheard voices, in Chapter Three I observed that I would reflect here upon ‘Voices on the Margins.’ This refers to indirectly accessed lives and experiences glimpsed in participants’ narratives, referred to in passing, alluded to in conversations, implied in their discourse. These offer small insights into the lives of those individuals very rarely included in ageing LGBN research: men married to women who engage in some form of sexual activity with other men<sup>167</sup> (including the participants)<sup>168</sup>; older bisexual men<sup>169</sup>; individuals in same-gender relations (or bereaved and previously in same-gender relationships) who have led hidden lives, and who are still concealing themselves today (some of whom are friends of the participants, but declined to participate in the research)<sup>170</sup>; individuals who had not led hidden lives but have now concealed themselves in older age care and accommodation spaces (some of whom are supported by participants); those women (and perhaps men too) for whom the possibility of a sexual life with the same gender is still in the realms of the ‘unthinkable’ (Rich 1980):

I am amazed at how many people we have met, and in [local lesbian group]... who said they had been married and they were now – I thought I was the only one who was married, you know. [It’s] fabulous, absolutely fabulous. And then it makes me think, well how many more are out there. Come on out girls! Let’s get them out! Away from the kitchen, get out! (Ellen, aged 64)

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<sup>167</sup> I’ve only got one really good friend [intimate relationship] now, and he’s a married guy, his wife doesn’t know. But it’s got to be limited all the time. (Les aged 62)

<sup>168</sup> This is not to suggest that there are not women in the same situation, rather that none were mentioned by research participants.

<sup>169</sup> ‘... truly bisexual, whereas I’ve met men before, and they really are you know, and they clearly enjoy sex with women, and I can discuss it ‘you’re bloody naughty, aren’t you’ I say, you know ‘you’re getting it both ways’ (Jack aged 66, ‘Breaking Out’)

<sup>170</sup> We’re currently supporting an elderly gay man, he’s 84, lived in secret. al.l his life ... He’s now in quite a nice care home... But he doesn’t adapt well... So, it’s a struggle for him. (Rupert, aged 68, ‘Out Earlyt’)

This notion of the potential for more women to choose to engage in intimate relationships with other women was also made explicit by Jennifer: ‘once the possibility is there, many more of us will embrace it.’ This echoes a more radical re-visioning of sexual relationships and intimacies. These absent presences (both actual and potential) are a powerful reminder of the partial picture of any research involving ‘hidden populations,’ including this project.

## **5. Social policy implications**

This research project has multiple social policy implications. Regulatory gaps relating to older LGBN individuals were identified in Chapter Two, which demonstrated how nodes shaped flows of resources to privilege, to varying degrees, the conjugal, biological, filial and heterosexual relationship, marginalising supportive and loving intimate friendships (SLIFs) in various ways. The participants in this study showed little appetite for the legal recognition of SLIFs which may be a reflection of their own (couple-privileging) demographic or a broader reluctance to formalise relationships based on voluntarism and reciprocal trust. Nonetheless the gaps affecting SLIFs merit further legal enquiry, in particular the under-recognition in law of love care and support (often in a co-housing context) provided by SLIFs to a person at end of life. While relationships of dependency are recognized in law (e.g. financial claims that are possible for a person who has been financially dependent on a deceased person) relationships of care and support being provided (rather than received), and/or of reciprocal care, are less well recognised. The marginalisation of informal care in regulatory contexts merits further enquiry.

The under-recognition of care, of (older) LGBN carers and of LGBN SLIFs, engages with broader issues of the enduring cultural devaluation of care (Barnes 2012). It is echoed in the concerns of older LGBN individuals regarding care standards for older people in general and for LGBN individuals in particular (Chapter Six). It is echoed in activists' concerns about the under-funding of care, and of training, particularly in times of austerity (Chapter Seven). So too is the heteronormative modelling of community care services, which need to be revised to include sexuality diversity, rather than the current sexuality-blind approach (Cronin et. al., 2011).

The provision of care to (older) LGBN individuals by faith-based organisations and/or individual carers engages with one of the major rights conflicts of this new century. It is the elephant in the room (or two elephants more precisely - religion *and* sexuality/sexual identity) in relation to care, which urgently needs to be addressed. There is virtually no literature on religion in the context of older age care provision (Knocker, 2013), although there is growing anecdotal evidence of tensions between medical, nursing and social care staff with strict religious beliefs and care users with minority sexualities (CSCI, 2008). The tension between competing religious and sexual minority rights (Stychin, 2009), as played out in care contexts, is 'an "uncomfortable" subject which is often avoided' (Carr, 2008: 113). However it is one which is going to become increasingly relevant, with an ageing population and greater demand for care workers, including those from migrant cultures, often embedded in strong religious beliefs. As such this is an area which requires closer attention in terms of policy and practice implications, and also research (see below).

The growing support for the right-to-die is not specific or unique to older LGBN individuals. Not all of the participants in this study engaged with this subject but those who did felt that being unable to choose when and how they died, and being helped to do so, was a profound social injustice which should be remedied. This is a social policy issue which is going to take on increasing significance with a population which is living for longer, but with increasing morbidity, especially in very old age. These issues have an added dimension for older LGBN individuals: those of whom wish to have the right to die, should be able to make their choice on the basis of a range of viable options. The risk for older LGBN individuals is that death might be perceived not as the preferred alternative out of a range of possibilities, but the *only* alternative to health and social care provision which does not meet their needs. This would of course be the ultimate injustice, and is the kind of vulnerability issue many feminists have been cautioning about in their wariness over right-to-die debates.

There is a need for better information to support social policy makers and service providers in their decision making (Averett and Jenkins, 2012; De Vries and Conaghan, 2014) (again see the section on research, below). In particular, the fears and concerns among older LGBN individuals about care needs and care spaces merit closer attention. Based on participants' narratives, there is a need for: a far more robust approach to making mainstream provision more attuned and responsive to the needs of older LGBN individuals (Knocker, 2013); greater choice in housing and care provision (CIH, 2011); a range of alternative housing for older LGBN individuals (Carr and Ross, 2013) and for systems to enable older people, including older LGBN

individuals, to be supported in setting up, and maintaining, co-operatives and self-directed projects (Gabrielson, 2011; SCIE, 2013).

As was highlighted in Chapter Seven, there is, at present, no statutory funding for LGBN funding projects in the UK. This is in contrast to Australia, where older 'LGBTQI' individuals have been designated a 'special needs' group; the USA where federal funding is available for 'diverse' elder initiatives, including 'LGBT elders'; and Canada, where 'LGBT seniors' funding has been gleaned via various health based statutory provision. In these countries support for older LGBN individuals is located in more secure, established, projects. In the UK, everything is short-term, contingent on charitable donations, and precarious. At the time of writing, Opening Doors London, the largest project supporting 'older LGBT' individuals, is on the brink of closure, having run out of charitable funding and now being reliant upon funding from trustees. There is an urgent need for statutory funding to support projects representing diverse older LGBN individual's interests. Only then can there be a secure base upon which to campaign on, and address, issues which particularly affect them. There is an argument to be made that, especially for those individuals who have lived a significant part of their lives firstly under the shadow of criminalisation and pathologisation, and then under the appalling effects of Section 28, there is now an obligation on the UK government to provide dedicated specialist funding to support those living with the consequences.

There is also the question of whether there should be a national organisation representing the voices of older LGBN individuals, similar to that of, say, SAGE in the USA. Currently, the leading organisation representing older people, Age UK, is doing little to address LGBN issues. Alzheimer's Society has a couple of factsheets on 'LGBT

and dementia' but the LGBT support group, disbanded several years ago, has never been replaced. Stonewall Housing has, again at the time of writing, run out of funding for its Older Person's Housing project worker, whose role seems likely to end shortly. Stonewall (no connection with Stonewall Housing) has done little on older people's issues since it funded the YouGov survey (Guasp, 2011) and subsequently issued guidelines for care providers (Taylor, 2013). Stonewall continues to be preoccupied with issues of youth, and LGBN individuals in schools. What is needed is an organisation willing to focus on, and prioritise, LGBN ageing issues and concerns. At present, none of the organisations are willing or able to do so, and there is an urgent need for an organisation which is.

## **6. Implications for future research**

This project has identified a number of important, and intriguing, areas for future research. In terms of the wider regulatory context (Chapter Two), there is a need to consider the legal recognition of wider relationship forms beyond that of the conjugal couple (Barker, 2012) and binary relationship constructions. There is obviously huge research potential in terms of how civil partnerships, and now same-gender marriage, will influence constructions of 'family life' in later life. There is also potential to explore not only the beginnings of 'family life' (civil partnership/marriage; birth/adoption) but also fractures to LGBN 'family life' (civil partnership dissolutions, divorce) and also the endings (death, dying, funerals) and how they are shaped by age(ing), gender and sexuality. There is rich potential to explore how assets are actually distributed on the death of LGBN individuals (both testate and intestate). A



major unexplored area of research is the equality implications of the harassment exclusions in the Equality Act 2010, particularly in an ageing context.

In terms of research methodology, there is much more to be learned about accessing so-called hidden populations, and about including LGBN individuals in research (Westwood, 2012). There is the enduring challenge of how privileged researchers can access the lives of those who do not share their privilege in meaningful, and truly empowering, ways (Chapter Three). In terms of the retrospective past, there is a need to document, describe and understand the experiences of ageing LGBN individuals beyond the emancipatory, liberationist, stories and to capture these wider, more complex, more nuanced, historical accounts before those carrying them die out.

In terms of current subjectivities, there is an urgent need for a large scale, longitudinal study of the lives of older LGBN individuals (Fredriksen-Goldsen & Muraco, 2010). This is for a number of different reasons. Firstly, there is a need to understand how the arc of ageing impacts older LGBN individuals across different age standpoints, and according to different personal, temporal and spatial contexts, and access to material and social resources. Secondly, policy makers and service providers need large scale data which represents the full spectrum of concerns among older LGBN individuals before those concerns will be addressed<sup>171</sup>. Thirdly, there is a need to understand how actual futures compare with anticipated ones, in order to locate older LGBN individuals' fears and concerns in some basis of lived outcomes. This is particularly in relation to anticipated informal social support (both the expected

presence of informal support and the feared absence of it) and anticipated formal social support (and concerns about invisibility, risky visibility, unequal opportunities for openness and constraints upon social networking).

In terms of those anticipated, and feared, care futures, there is a pressing need for reliable, robust, up-to-date research on health, housing and care provision for older LGBN individuals. This research is needed on multiple levels. Firstly, we need to urgently get a sense of attitudes among staff and services users in mainstream sheltered housing, residential and nursing home contexts, towards older LGBN individuals. There has been no research replicating that of the much-cited study conducted by Hubbard and Rossington in 1995. There is a need for something much more recent, and methodologically robust, which will offer policy makers and service providers a reliable research picture on which they can base future strategy. Secondly, we need to understand the lived experienced of LGBN individuals in those spaces, made more complicated by those lives often being hidden lives, but something which needs to be pursued nonetheless. Thirdly, as outlined above, we need a fuller picture of the kinship networks of older LGBN individuals, what kind of social support is accessed by them, when and how they access formal social care, and then what their experiences are of doing so. This speaks to the need for a large scale longitudinal study to give an in-depth picture of the later life, and end of life, care trajectories among older LGBN people, in all their diverse forms (Orel 2014).

There is also a need for a far greater understanding of the range of provision older LGBN individuals want and need (Addis, 2009; Ward, Pugh and Price, 2011;

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<sup>171</sup> Very sadly, the data from the YouGov survey commissioned by Stonewall had not been shared with other researcher for secondary analysis, despite requests, and has not been disseminated beyond a single report

Manthorpe and Moriarty, 2013). In particular there is a need for better representation of the care preferences of older LGBN women, bisexual women and men, non-labelling women and men (Jones, 2011 & 2012; Grigorovich, 2013; Walker, 2013) and those with more non-normative, e.g. polyamorous (Barker, Heckert and Wilkinson, 2013), lives. And finally, there is a need to both evaluate the effectiveness of, and interrogate the normativities which underpin, the training manuals and training deliveries currently being offered to mainstream providers of housing and social care provision to older LGBN individual. There is also a need to consider whether this training should be audited, regulated, made mandatory and become part of an overall commissioning and accreditation process.

## **7. Personal reflections**

This project started, for me, when I was caring for my father who had dementia, and I wondered who would be there for me if I was to be in the same position as he was. While writing this thesis I have toyed with the idea of spending my final years in a women's collective, with romantic notions of 'paying-it-forward' by caring for older women, in anticipation of women a generation down from me, caring for me when it was my turn. But, really, I can't see me doing it. I am very comfortable with living alone. As Diana observed 'We would all like to live in this big house where we share a communal space, but we won't give up our space either' (Diana, aged 69, 'Out Early').

But the dementia does worry me. My mother died suddenly, in her early seventies, while she was still independent and living a full life. It was sad for her in one way, but in another way, not. But I am more like my father, physically and

mentally, and I think a later death, with increased risk of dementia, is more likely to be my lot. I have an aunt in her nineties, who is severely disabled, who has carers coming in five times a day, who cannot get in or out of her own bed, or take herself to the toilet, or cook for herself, or go out alone, who is doubly incontinent and preoccupied with the minutiae of her life. I do not want that for myself, and I do not want my father's memory loss and confusion either.

So, then, perhaps I might end my own life, at some future point. The problem with ending one's life is it takes a lot of courage. The will to live is strong, and life can become even more precious when there is less of it left. If I am to take my life before dementia takes such a grip on me that I am unable to do so, I shall have to do it while I am still relatively well-functioning and, ironically, still able to live a meaningful life. Tricky. But I do believe in the right to die, belong to a right-to-die organisation, and know my preferred method. I am also hopeful that by the time dementia may become relevant to me there will be treatments, if not cures, to keep it at bay. Ultimately, for now, though, there is little I can do, apart from accept, as Billy says, there is 'no point in worrying about the future. There is only a now.' (Billy, aged 61, 'Breaking Out').

Interestingly, this project has contributed to a new phase in my life, one of the most rewarding. I have made so many new connections, both in the UK and overseas. I have a new professional identity as an academic researcher, which may, perhaps, lead to a future teaching role as well. I have published, with more in the pipeline. I have new and interesting research projects and ideas to pursue. I have made many new professional contacts, and a number of very good new personal friends.

Ironically, addressing later life has reenergised my own life. It has also given me the chance to make up for the times I have been less than true to myself, for those early years when I desperately tried to shoe-horn myself into a heterosexual life. I resonated with Audrey when she said ‘I was in the closet for most of my life and I’m trying very hard now, that when it does matter, I don’t shy at that fence, because I’m trying to make up for all the years I wouldn’t do it.’ I just missed out, age-wise, on the radical 70’s, which I have always regretted. Like Joan who made a last minute leap into self-fulfilment thinking ‘I can’t go into retirement with this man’ (Joan, aged 67, ‘Breaking Out’) so I have made a last minute leap into activism, tweeting blogging, campaigning, running events and finding that I belong, at last, to a social movement. At the outset of this thesis, I was full of the ‘rage of oppression’ (Kitzinger, 1987: 115) about the plight of older LGBN individuals. Now that rage has been transformed, channelled into the thrill of resistance, the possibilities for making change happen. As Martin said, about change, ‘unless you act and do it yourself, it don’t happen.’ But as these thesis has also demonstrated you have to act and do it on behalf of your own future self, and other’s future selves, and I am proud to be part of that process.

## **8. Final words**

This thesis has been about equality issues affecting particular ageing LGBN individuals, who lived, and aged, through distinct and significant changing regulatory and socio-cultural times. Subsequent waves of ageing LGBN individuals, with their own various age standpoints, will have their own unique perspectives on equality and the ageing experience. It will be interesting to compare their experiences with those of the participants in this study. I hope some future researcher will do so. I also hope

that successive generations of LGBN individuals – who perhaps will one day not even be minoritised – will appreciate their heritages, those individuals who fought for the rights they now enjoy, and the importance of continually striving to protect and improve upon those rights, across the lifespan, not least of all in older age.

## **STATUTE**

Abortion Act 1967

Adoption Act 1976

Adoption and Children Act 2002

Air Force Act 1955

Army Act 1955

Buggery Act 1533

Carers (Equal Opportunities) Act 2004

Carers (Recognition and Services) Act 1995

Carers and Disabled Children Act 2000

Child Support Act 1991

Children Act 1989

Civil Partnership Act 2004

Criminal Justice and Immigration Act 2008

Criminal Justice and Public Order Act 1994

Criminal Law Amendment Act 1885

Criminal Law Amendment Bill 1921

Divorce Reform Act 1969

Domestic Violence Protection Act 1976

Employment Equality (Sexual Orientation) Regulations 2003

Equal Pay Act 1970

Equality Act 2010

European Convention on Human Rights (ECHR) 1953

Family Allowance Act 1945

Family Law Act 1991

Gender Reassignment Act 2004

Health Act 2009

Human Fertilisation & Embryology Act 2008

Human Fertilisation and Embryology Act 1990

Human Rights Act (HRA) 1988

Human Rights Act 1998

Inheritance Tax Act 1984

Local Government Act 1988  
Marriage (Same Sex Couples) Act 2013  
Marriage and Civil Partnership (Scotland) Act 2014  
Mental Capacity Act 2005  
Mental Health Act 1983  
National Minimum Standards (Care Standards) Act 2000  
Navy Discipline Act 1957  
NHS Reorganisation Act 1974  
Offences against the Person Act 1828  
Offences against the Person Act 1861  
Protection from Harassment Act 1997  
Public Order Act 1986  
Rent Act 1977  
Sex Discrimination Act 1975  
Sexual Offences Act 1956  
Sexual Offences Act 1967  
Suicide Act 1961  
Tax and Civil Partnership Regulations 2005  
The Equality Act (Sexual Orientation) Regulations 2007  
The Sexual Offences (Amendment) Act 2000  
The Sexual Offences Act 1967

### **CASE LAW**

R (M) v Secretary of State for Health [2003] EWHC 1094 (Admin)  
FC v United Kingdom (application 37344/97), 7 September 1999  
JT v United Kingdom (application 26494/95), 30 March 2000



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## **APPENDICES**

## **APPENDIX A**

### **OLDER LGB RESEARCH PARTICIPANTS RECRUITMENT FLYER**

**Are You Lesbian, Gay or Bisexual (LGB) and aged over 60?**

**A university researcher would like to interview you about:**

- **How you think your age, gender and sexual identity affect your experiences of equality in later life.**
- **What you think about health and social care provision for older people with LGB identities.**
- **Whether you think discrimination is an issue in health & social care provision for older people with LGB identities and if so, how.**
- **How you think law and social policy recognise you and your families in older age and how you would like them to.**

**If you would like to know more, please contact the researcher, who will send you an information pack, which will contain all the information you need to decide if you would like to participate in the study.**

**Your enquiry will be treated in the strictest of confidence. You will be under no obligation to participate.**

**Please contact Sue Westwood, at Keele University:**

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**APPENDIX B**

**RESEARCH PARTICIPANT SAMPLE PROFILES**

***Older LGBN Interview Participants (i)***

- ❖ Codes: *Gender* - W (Woman), M (Man), Trans Woman (TW); *Ethnicity (Eth)* - Asian-White (AW), White British (WB), White American (permanent UK residents) WAM, White Welsh (WW); *Relationship Status* - Single (S), Civil Partnership (CP), Cohabiting Couple (Cple), Living Apart Together couple (LAT), Separated (Sep), Heterosexual Marriage (Het Marr); Type of Accommodation – Independent (Ind), Sheltered Housing (SH)

❖	Gender	Age	Sexuality	Eth	Rel'ship Status	Length of Rel'ship	Accomm	Type of Accom	Children	Grand-children	Great-Grand-children	Occupation (current/previous)
Agnes	W	92	Lesbian	WB	S	0	Owned	SH	2	7	8	Shorthand typist
Alastair	M	76	Gay	WB	S	0	Owned	Ind	0	0	0	Ex-architect/author
Alex	W	60	Lesbian	WB	P	6 months	Owned	Ind	1	1	0	Asst Director Social Services
Alice	W	60	Lesbian	AW	S	0	Owned	Ind	0	0	0	Community worker
Andrew	M	66	Gay	WB	CP	26 years	Owned	Ind	3	2	0	Head teacher
Angela	W	64	No Label	WB	CP	6 years	Owned	Ind	4	4	0	Nurse/management trainer
Arthur	M	60	Gay	WB	Cple	25 years	Owned	Ind	0	0	0	Senior administrator
Audrey	W	67	Lesbian	WB	S	0	Owned	Ind	0	0	0	Head teacher (retired)
Barbara	W	83	Lesbian	WB	S	0	Owned	Ind	2	4	0	Vet
Bernice	W	60	Lesbian	WB	S	0	Rented	SH	1	0	0	Community worker
Billy	M	61	Gay	WB	CP	31 years	Owned	Ind	0	0	0	Architect
Bob	M	60	Gay	WB	CP	32 years	Owned	Ind	0 (1 x SP)	0	0	Counsellor/therapist
Bridget	W	66	Bisexual	WB	CP	12 years	Owned	Ind	2	0	0	Postal work manager
Cat	W	63	Lesbian	WB	S	0	Rented	Ind	1	1	0	Ex CEO women's charity
Claire	W	65	Lesbian	WB	S	0	Owned	Ind	2	2	0	Ex-librarian
Clifford	M	68	Gay	WB	LAT cple	0	Owned	Ind	0	0	0	Teacher/charity worker (ret'd)
Daphne	W	60	Lesbian	WB	CP	33 years	Owned	Ind	0	0	0	IT consultant

	Gender	Age	Sexuality	Eth	Rel'ship Status	Length of Rel'ship	Accomm	Type of Accom	Children	Grand-children	Great-Grand-children	Occupation (current/previous)
Derek	M/TW	61	Gay	WB	S	0	Rented	Ind	3	0	0	Ex-police/day centre driver
Des	M	69	Gay	WB	CP (sep)	0	Owned	SH	3	7	0	Senior civil servant
Diana	W	69	Lesbian	WB	S	0	Owned	Ind	0	0	0	Social work manager
Donald	M	75	Gay	WB	S	0	Owned	Ind	0	0	0	Senior academic (retired)
Doris	W	69	Lesbian	WB	S	0	Rented	SH	0	0	0	Ex-armed forces
Dylis	W	75	Lesbian	WB	S	0	Owned	Ind	1	2	0	Ex-porter; bankrupt; retired
Ellen	W	64	No Label	WB	CP	5 years	Owned	Ind	4	0	0	Nurse
Frances	W	66	Lesbian	WA	S	0	Rented	Ind	0	0	0	Holistic therapist
Frank	M	70	Gay	WB	S	0	Rented	SH	0	0	0	Senior science engineer
Graham	M	70	Gay	WB	S	0	Rented	SH	0	0	0	Social worker (retired)
Ian	M	69	Gay	WB	Cple	25 years	Owned	Ind	3	6	0	Tool maker
Iris	W	61	Lesbian	WB	LAT	4 years	Owned	Ind	2	2	0	Social work manager
Jack	M	66	Gay	WB	S	0	Owned	Ind	0	0	0	Social worker (retired)
Jennifer	W	62	Lesbian	WB	P	25 years	Owned	Ind	0	0	0	Senior academic
Joan	W	67	Lesbian	WB	CP	12 years	Owned	Ind	2	4	0	Home care project worker
Judith	W	71	Lesbian	WB	LAT	1 year	Owned	Ind	3	5	0	Social worker
Julia	W	69	Lesbian	WB	LAT	0	Rented	SH	3	5	0	Alternative therapist/now on benefits
Ken	M	64	Gay	WB	S	0	Owned	Ind	0	0	0	Senior Academic (retired)/ landlord
Lawrence	M	63	Gay	WB	CP	17 years	Owned	Ind	0	0	0	Retail/interviewer
Les	M	62	Gay	WB	S	0	Owned	SH	0	0	0	Ex-shop owner bankrupt, unemployed
Lewis	M	65	Gay	WB	S	0	Rented	SH	0	0	0	Office manager
Liz	W	52	Lesbian	WB	CP	12 years	Owned	Ind	0	0	0	Postal worker
Marcia	W	66	No Label	WB	CP	6 years	Owned	Ind	0	0	0	Probation officer



	Gender	Age	Sexuality	Eth	Rel'ship Status	Length of Rel'ship	Accomm	Type of Accom	Children	Grand-children	Great-Grand-children	Occupation (current/previous)
Martin	M	62	Gay	WB	CP	32 years	Owned	Ind	1	0	0	Lawyer (retired)
Maureen	W	62	Lesbian	WB	CP	12 years	Owned	Ind	2	0	0	Social services manager
May	W	64	Gay	WB	S	0	Owned	Ind	0	0	0	Social worker
Moira	W	75	Lesbian	WB	CP	30 years	Owned	Ind	0	0	0	Teacher/senior administrator NHS
Phil	M	62	Gay	WB	S	0	Owned	Ind	0	0	0	Ex-airline pilot/teacher/landlord
Rachel	W	64	Lesbian	WB	LAT	0	Owned	Ind	0	0	0	Social worker
Rene	W	63	Lesbian	WB	S	0	Rented	SH	2	3	2	Ex-teacher; now on disability benefits
Ronald	M	60	Gay	WB	Het mar	0	Owned	Ind	2	0	0	Middle Tier Administrator
Rupert	M	68	Gay	WB	CP	7 years	Owned	Ind	0	0	0	Middle management civil servant
Sally	W	73	Lesbian	WB	S	0	Owned	Ind	0	0	0	Siddle administrator
Sam	M	61	Gay	WB	CP	37 years	Owned	Ind	0	0	0	Education manager
Sandra	W	61	Lesbian	WB	CP	33 years	Owned	Ind	0	0	0	Teacher/civil servant
Stella	W	66	Lesbian	WB	S	0	Owned	Ind	0	0	0	Marine salvage specialist
Tessa	W	58	Lesbian	WB	CP	5 years	Owned	Ind	0	0	0	Teacher
Theresa	W	63	Lesbian	WB	CP LAT	2 years	Owned	Ind	0	0	0	Ex-teacher
Tim	M	52	Gay	WB	CP	17 years	Owned	Ind	0	0	0	Scientist
Vera	W	60	B/L	WB	S	0	Owned	Ind	6	6	0	CEO of charity
Violet	W	73	Lesbian	WB	CP	30 years	Owned	Ind	3	6	0	Nurse
Walter	M	58	Gay	WB	CP	27 years	Owned	Ind	0	0	0	Education manager
Yvette	W	69	No Label	WW	CP LAT	2 years	Owned	Ind	0	0	0	Homemaker & ex-carer

**Table One:** Sample Profile of Sexual Minority Interview Participants

***Older LGBN Interview Participants (ii)***

	<b>Women</b>	<b>Men</b>	<b>Total</b>
Practising Christian	11	9	20
Buddhist	1	0	1
Holistic	1	0	1
Pagan	1	0	1
<b>Total with active faith</b>	<b>14</b>	<b>9</b>	<b>23</b>
"Nominal CoFE"	1	1	2
"Jewish non Practising"	1	0	1
Agnostic	1	0	1
"None"	19	14	33
<b>Total no active faith</b>	<b>22</b>	<b>15</b>	<b>37</b>
<b>Grand total</b>	<b>36</b>	<b>24</b>	<b>60</b>

**Table Two: Sample Profile of Sexual Minority Interview Participants' Religious Status**

- ❖ NB The data here have been separated from the other profile data to ensure participant anonymity (as some of the identifications are idiosyncratic).

### Sample Profile: Activist Interview Participants

Code	Area	Gender	Role
ACT1UK	UK	M	Campaigner and ex -service provider
ACT2UK	UK	M	Campaigner and Trainer
ACT3USA	USA	W	Campaigner and Trainer
ACT4CA	Canada	M	Campaigner and Trainer
ACT5CA	Canada	M	Campaigner and Trainer
ACT6CA	Canada	W	Head of Service and Trainer
ACT7USA	USA	W	CEO, Campaigner, Trainer
ACT8UK	UK	M	Academic
ACT9UK	UK	M	Older LGBT Service Provider
ACT10UK	UK	W	Campaigner, Trainer and Networker
ACT11AUS	Australia	W	Campaigner
ACT12UK	UK	W	Academic
ACT13UK	UK	W	Older LGBT Service Provider
ACT14UK	UK	W	Older LGBT Service Provider
ACT15AUS	Australia	M	Academic
ACT16UK	UK	W	Trainer
ACT17USA	USA	M	Lawyer, Campaigner and Trainer
ACT18UK	UK	W	Campaigner, Trainer and Older LGBT Service Provider
ACT19UK	UK	W	Campaigner and Older LGBT Service Provider
ACT20UK	UK	W	Campaigner and Older LGBT Service Provider

**Table Three: Sample Profile of Activist Interviewees**

## APPENDIX C

### SEMI-STRUCTURED INTERVIEWS

#### Semi-structured interview questions: Older LGBN interview participants

##### 1. Introduction

Tell me a little bit about your life, and what have been the major events for you.

##### 2. Equality and Discrimination

- a. What do you understand the word equality to mean?
- b. What do you understand the word discrimination to mean?
- c. To what extent has your gender and/or sexual identity informed your experiences of equality and/or discrimination in your life? How?
- d. Would you like to give any specific examples?
- e. To what extent do you think your age is now playing a part in your experiences of equality and/or discrimination? How?
- f. Would you like to give any specific examples?
- g. To what extent do you think your age is now playing a part in your ability to negotiate inequality and/or discrimination? How?
- h. Would you like to give any specific examples?
- i. Would you like to say anything else about equality and discrimination with regard to older people with LGB identities?

##### 3. Ageing Sexualities

- a. What does getting older mean for you?
- b. Do you think your sexual identity affects the way you experience ageing? If so, how?
- c. Do you think your sexual identity affects the way other people respond to you getting older? If so, how?
- d. (*For lesbian interviewees*): Do you think ageing is different for lesbians than it is for gay men and bisexual women and men? If so, how?  
 (*For gay men interviewees*): Do you think ageing is different for gay men than it is for lesbians and bisexual men and women? If so, how?  
 (*For bisexual interviewees*) i) Do you think ageing is different between bisexual women and bisexual men? If so, how? ii) Do you think ageing is different for bisexual women and men than it is for lesbians and gay men? If so, how?
- e. Do you think sexual identity matters to someone in very frail older age? If so, how? If not, why not?

#### **4. Health and Social Care Provision for Older People**

- a. To what extent do you think current health and social care provision for older people (e.g. home care, day care, residential care, G.P. and hospital services, sheltered housing, etc.) is appropriate for older people with LGB identities?
- b. Would you like to give any specific examples?
- c. Do you think equality is an issue in health & social care provision for older people with LGB identities? How?
- d. Would you like to give any specific examples?
- e. Do you think discrimination is an issue in health & social care provision for older people with LGB identities? How?
- f. Would you like to give any specific examples?
- g. Would you like to say anything else about health and social care provision for older people?
- h. How do you feel about the possibility of needing to use such provision?
- i. In an ideal world, how would you like services for older people with LGB identities to look?

#### **5. Law and Social Policy**

- a. Have you thought much about how law relating to older people affects you as a person with a lesbian, gay or bisexual identity? If so, how? If not, why do you think that is?
- b. Have you thought much about how antidiscrimination law relating to sexual orientation protects you as an older person? If so, how? If not, why do you think that is?
- c. Do you think the family structures of older people with LGB identities are sufficiently recognised and protected in law?
- d. Do you think this (c) matters? If so, how? If not, why not?
- e. How would you like to see the family structures of older people with LGB identities recognised and protected in law?

#### **6. Activism/Advocacy**

- a. Have you ever been involved in any lesbian/gay activism? If so, how?
- b. Do you think UK LGB activism pays enough attention to the needs and rights of older people?
- c. Do you think the voices of older people with LGB identities are sufficiently heard in the UK? If not, why not?
- d. What do you think could be done to give greater voice to older people with LGB identities?
- e. Sometimes very frail older people find it difficult to speak up on their own behalf. What do you think should be done to ensure someone speaks on behalf of a person with an LGB identity in that situation?
- f. Is there anything else you'd like to add about activism or advocacy?

## 7. Closing Remarks

- a. Is there anything you'd like to add about any of the things we've talked about?
- b. Is there anything you'd like to ask me?

## Semi-structured interview questions: 'Activist' Interviews

### 1. Introduction

Tell me a little bit about your activism on behalf of older people with LGB identities, and what have been the major events for you in terms of that activism.

### 2. Equality and Discrimination

- a. What do you understand the word 'equality' to mean?
- b. What do you understand the word 'discrimination' to mean?
- c. What do you understand by 'older age'? At what age, for you, does 'older age' start?
- d. To what extent do you think older age, gender and sexuality interact to shape equality in later life? How?
- e. Would you like to give any specific examples?
- f. To what extent do you think older age, gender and sexuality interact to shape discrimination in later life? How?
- g. Would you like to give any specific examples?
- h. To what extent do you think older age plays a part in someone's ability to negotiate inequality and/or discrimination? How?
- i. Would you like to give any specific examples?
- j. Would you like to say anything else about equality and discrimination with regard to older people with LGB identities?

### 3. Ageing Sexualities

- a. Do you think sexual identity affects the way a person experiences ageing? If so, how?
- b. Do you think gender and sexual identity affects the way a person experiences ageing (i.e. is it different for lesbians and gay men, and for bisexual women and men)? If so, how?
- c. Do you think sexual identity matters to someone in very frail older age? If so, how? If not, why not?

### 4. Health and Social Care Provision for Older People

- a. To what extent do you think current health and social care provision for older people (e.g. home care, day care, residential care, G.P. and hospital services, sheltered housing, etc.) is appropriate for older people with LGB identities?
- b. Would you like to give any specific examples?
- c. Do you think equality is an issue in health & social care provision for older people with LGB identities? How?

- d. Would you like to give any specific examples?
- e. Do you think discrimination is an issue in health & social care provision for older people with LGB identities? How?
- f. Would you like to give any specific examples?
- g. What are your thoughts about provision for older men ageing with HIV?
- h. Would you like to say anything else about health and social care provision for older people?
- i. In an ideal world, how would you like services for older people with LGB identities to look?

## **5. Law and Social Policy**

- a. What do you think about how law relating to older people affects a person with a lesbian, gay or bisexual identity?
- b. What do you think about how anti-discrimination law relating to sexual orientation protects older people?
- c. Do you think the family structures of older people with LGB identities are sufficiently recognised and protected in law?
- d. Do you think this (c) matters? If so, how? If not, why not?
- e. How would you like to see the family structures of older people with LGB identities recognised and protected in law?

## **6. Activism/Advocacy**

- a. Do you think LGB activism pays enough attention to the needs and rights of older people? If not, why not?
- b. Do you think the activism on behalf of older people sufficiently addresses older people with LGB identities? If not, why not?
- c. What do you think should be done to give support and empower older people with LGB identities?
- d. Sometimes very frail older people find it difficult to speak up on their own behalf. What do you think should be done to ensure someone speaks on behalf of a person with an LGB identity in that situation?
- e. Is there anything else you'd like to add about activism or advocacy?

## **7. Closing Remarks**

- a. Is there anything you'd like to add about any of the things we've talked about? Is there anything you would like to ask me about?

## APPENDIX D

### BREAKDOWN OF PARTICIPANTS BY COHORT

#### Cohort One: 'Out Early'

##### *'Early Identity' & 'Concurrent Performance' Narrative*

#### 1. Moira

Moira, aged 75, has been with her civil partner for over 30 years. She has no children, but her partner has children and grandchildren. She has always identified as lesbian and has only ever had sexual relationships with women:

'I'm a cradle lesbian. I was a lesbian at the age of three ... I fell in love at the age of nine for the first time. And of course, went to an all-girls school and had huge crushes that went on happening (laughed). And then I met my first relationship when I was just about leaving school... she was an older woman... we took off and lived together for ten years.' (Moira, aged 75)

#### 2. Lawrence

Lawrence, aged 63, has been with his civil partner for nearly 20 years. They have no children. Lawrence has always identified as gay and has only ever had sexual relationships with men:

'I was privately educated and although there was sexual activity as you would expect in all boys schools, as soon as you're out of the hot house, 99% returned to normality, or what was seen as normality. I just carried on with the same interests as it were.' (Lawrence, aged 63)

#### 3. Audrey

Audrey, aged 67, is single and has no children. She had boyfriends in her early teens, but then was with her long-term partner, a woman, for over 40 years, since she was 18. After they split up, she was in another relationship for three years. She has identified as lesbian all her life, but has only been partially out, especially not at work:

It was a long old journey and I was in the closet for most of my life and I'm trying very hard now, that when it does matter, I don't shy at that fence, because I'm trying to make up for all the years I wouldn't do it. (Audrey, aged 67)

#### 4. Clifford

Clifford, aged 68, has identified as gay all his adult life. His partner of 36 years died a few years ago. He has now been in another committed relationship for four years. He has no children, but a wide support network, including intergenerational support from his deceased partner's extended and extensive biological family.

#### 5. Stella

Stella, aged 66, has identified as lesbian all her adult life. She is single and has no children.

I knew that I was gay or lesbian, I didn't use either word, when I was about 8... I knew I was attracted to girls not boys. We used to play 'I'll show you mine if you'll



show me yours down by the bomb site. I had two relationships in my teens... Everybody was aware at school that I was gay. I never thought it was wrong... My mother was very good instinctively. We didn't say much. But she always wanted me to go and do whatever made me happy. And I've had girls come and stay, and there'd be a lilo on the floor, but we'd be in bed in the morning and my dad would come in and said 'All right girls, bacon and egg for breakfast?' and we'd have no clothes on so it would be fairly obvious. They were very proud of me, and wanted me to be happy. I was a bit of a handful at one point, but I don't think they minded, they just wanted me to be happy. When I first discovered sex, I was fully into that, with a woman, when I was 18 or 19. But for a long time with my sexuality I wasn't sure if I was different because I wanted to do boys jobs. I spent a lot of time wondering if I really wanted to be a boy. And the answer to myself was and is no. (Stella, aged 66).

#### 6. Tessa

Tessa, aged 58 is in a civil partnership with her partner of six years. She has no children. Tessa has been in lesbian relationships all her life, moving in a small social network of other lesbians, not out at work, but out to her family.

Knew all my life that I was gay, knew to keep quiet about it, knew not to tell people about it, knew it was wrong. Two older sisters, they protected me, so if, you know when I was a teenager, if we went to visit family and it would be 'oh have you not got a boyfriend', they'd say 'oh no, she's too busy with her studying', so they'd protect me, but we'd never talk about it. Went to university, had my first relationship with another woman... it was all very clandestine. [Then her partner left her for a man] And a year or two after, she invited me to be her bridesmaid. I stood there, I can remember the tears rolling down my cheeks... So, didn't have another relationship for a year or two. Then I met Claire. She and I were together for about eight years. And again, I always lived discretely, I didn't come out at school, because, you know, in those days it wasn't regarded as being a particularly good career move, so I was quite discrete, but I didn't pretend that I wasn't gay, I would always tell people that my friend Claire and I were doing this and doing that and my friend Linda and I had bought a house, you know, that sort of stuff. (Tessa, aged 58)

#### 7. Martin

Martin, aged 62, is Bob's civil partner. They have a grown up son (AI). Martin has identified as gay since his teens:

I guess I probably came out to myself when I was about thirteen, fourteen, because as you know, coming out is a life process, really, isn't it? I mean you think you've done it, and then you have to do it again and again and again.... So, thirteen, fourteen and I used to go up to {city} and hang around ... and I was looking for a man, but I didn't know how you got one, so fortunately I think, with hindsight, I never found a man, I used to go and get a milkshake and then go home again [laughs]. So that was my, kind of, beginnings – how do you do it? (Martin, aged 62)

Martin eventually made connections with gay men through political activities and met Bob, his lifelong partner in his early 20's, in the 1970's, on a political march.

#### 8. Alastair

Alastair, aged 76, is single and has no children. He has self-identified as gay all his life. He was selectively out since his early twenties, in the 1960's and then fully out in his 30' in the 1970's

I was out to friends. That's how I defined friends. Friends were the people who knew I was gay and who didn't mind. And when I first decided to do that I was about 22 or 23, when I first decided I was going to be open with friends. There were two or three who never spoke to me again, which is curious. And when Gay Lib happened, [when I was in my 30's] I just thought 'I have been waiting all my life for this... I just want to be out, to be who I am really. (Alastair, aged 76)

#### 9. Ken

Ken, aged 64, is single and has no children.

I suppose I was 21 (1969), when I'd told my family, because I'd met this guy who I lived with for seven years... And my parents would come up every year to see me. So I thought, well they're going to quiz me about the sleeping arrangements, so I said, sit down, Mum, I've got something to tell you. And, wonderful reaction. 'Really? Oh, well I must introduce you to [names]'. And it just never occurred, but of course, why shouldn't my mum have gay friends? It just never occurred to me. (Ken, aged 64)

#### 10. Rupert

Rupert, aged 68, is in a civil partnership and has no children. He has self-identified as gay all his life, engaging in clandestine relationships from an early age until he began openly living with his first long-term partner in his late 30's, after which time he came out to his family, and then increasingly out to others:

Oh, it was difficult, in the 60's, 70's. I was out gradually and I suppose by the time I was 40, 45, I was tacitly out. I get more out every year... Just a feeling that it was highly abnormal, unusual, not normal, would be distressing to family, parents, brother, probably to workmates as well during that period.... in the 70's [it was] highly difficult to make contact with gay people, unless you were highly promiscuous. (Rupert, aged 68)

I think I got to know Arnold through a small ad, they started to go into the advertising papers ['Men seeking Men']... which was a great breakthrough, the first place the breakthrough happened was in the New Musical Express... and I wasn't into the music scene at all, but I used to buy this thing and then rip out the back page, you see (laughs). And there was another phenomenon, just before that, which was these rather seedy... contact mags ... for straight, mainly for straight people that wanted to have illicit, extra-marital, relationships, I think. It also catered for special tastes, in straight relationships, like bondage, and various forms of kinky dressing (laughs) and all the rest of it. And then, eventually, it also had in the back, a little space for gay people And so I used to buy this magazine, and it was a little bit of a rip off, because it was a box number

system, which meant they charged quite a lot to forward the letters. (Rupert, aged 68)

Rupert's first partner died, and he met his next partner also through an advertisement:

The adverts by now had moved into the mainstream local papers. He'd been married. He wasn't all that long divorced. His divorce settlement was based on him being gay. He'd not had an opportunity to meet a lot of gay people. We seemed to become quite close and supportive fairly quickly, and we graduated to getting a house together. (Rupert, aged 68)

They split up ten years later and Rupert observes the changing means of making contact with gay men not on the scene:

We've now graduated to contact sites online, through Gaydar, which is quite, as you know, widely used by men. Which is a bit of a knocking shop really (laughs). But occasionally you'll meet pleasant people. (Rupert, aged 68)

#### 11. Liz

Liz, aged 52, has identified as lesbian all her adult life:

I was in the WRAF and I got kicked out. Well, I could've stayed in if I agreed to psychiatric treatment. But I said, there's nothing wrong with me, I'm not sick, I said, you can't change me, that's the way I am... I was 21. And I said, no, there's nothing wrong with me. I'm normal (laughs). So they said well you'll have to go then, so I said OK, I'll go. (Liz, aged 52).

#### 12. Alice

Alice, aged 60, is single and has identified as lesbian since her late teens.

I just knew I wasn't going to make it with men, no matter how hard I tried to hold down my desires [laughs] ... [and so I went to] a women's centre... And I never looked back... It was like 'oh my god', ding, ding, ding. So that was it. And there were lots of baby dykes at that time. It was late 70's, and we were all struggling, you know, fancying these stars of the women's movement, and we were grappling with what was socialist feminism, what is Marxism, and just this awareness raising, and you fell in love all the time, it was like going to a massive picnic all the time. It was wonderful. It was just wonderful. And it was an easy transition. I wasn't on my own, it wasn't hard on me. It was delightful. I was very lucky. (Alice, aged 60)

#### 13. Doris

Doris, aged 69, is single and has no children. She was in a long-term relationship but has been single for many years and prefers to remain so. Doris had always known she was gay and came out in the army in her early 20's;

I got thrown out... part of it was because I told them I was gay... They went barmy. They told me there was something mentally wrong with me. So that's it and I got out... They locked me up... They sent me [another posting] ...They said we're going to give you another chance, I didn't want another

chance, so I ran away again, and then they brought me back, and then my papers came through and I got out. (Doris, aged 69)

#### 14. Daphne

Daphne, aged 60, has always been in relationships with women. She has been with her civil partner for over 30 years. She was in another long term lesbian relationship prior to that. She has no children.

I had a relationship with a woman... I didn't think about [my sexuality] other than I was with this woman and it was nice... The woman I was having a relationship with wasn't happy that we weren't out, and I wasn't happy about the idea of being out ... and then I met Brenda, who knocked my socks off. (Daphne, aged 60)

#### 15. Sam

Sam, aged 61, is in a civil partnership and has no children.

I knew I had some attractions to same sex, but also feeling there's some fluidity there. I went to college when I was 19 and I had a girlfriend, and I had no sexual experience with women at that stage. [Friend took him to a gay pub] And it opened up another world. And I went back. I also joined CHE a little bit later, and that's how I entered the way of meeting people... I met my partner at 22. (Sam aged 61)

Sam has been with his civil partner for 37 years. Early on in their relationship, they separated briefly and Sam had an affair with a woman. He ended it because she was married (to a man):

But it still ticks through my mind. I just wondered whether, if things had been different, I don't know... I've always thought there are degrees of feeling and degrees of passion and of intimacy. (Sam aged 61)

***NB** Sam's slightly ambivalent understanding of his sexuality does not totally 'fit' with the long-term identification as lesbian/gay of others in this cohort. However he is most closely aligned to this cohort because of his long-term public identification as a gay man paralleled by a long-standing partnership with a man. The fact that he had a girlfriend before joining CHE, could put him in the 'Breaking Out' cohort, but his narrative is not one of struggle, but of a gradual unfolding. He could have been described as bisexual, but this was not a descriptor he mobilised for himself.*

#### 16. Lewis

Lewis, aged 65, is single and has no children. He came out when he was 23, forming his first gay sexual relationship and affiliating himself with gay political groups:

I think I realised early on but it was suppressed, and that was by me, because, there was no such thing as being gay then (laughs)....It was a working class area where a lot of neighbours knew each other and that sort of thing. If you were heterosexual you'd probably 'oh nice area', you know. But being gay was sort of like, you know, being a kid you saw a newspaper, I always remember sitting on a train, there was a newspaper there, and there was this scandal, I think it was a

spy scandal, and this newspaper... said 'This is what a homosexual looks like' and it had the picture of the person spread out on the front page. [laughs] And that was my sort of upbringing of being gay.... I grew up to think that being heterosexual is the only thing, so why was it when I was at a social organisation, that I liked the guy who was sitting next to me (laughs).... [Then at 23] I left home and had my first real gay experience. (Lewis, aged 65)

Lewis eventually came out to his family, and made links with gay social networks, although he was not overtly out at work: 'but I think they probably knew. I didn't hide it or anything.'

*NB Lewis' delayed performance, and 'suppression' of his awareness of his 'homosexuality' could place him in the 'Breaking Out' cohort. But his early self-identification as 'homosexual' to himself, absence of relationships with women, and same-gender sexual performance in his early twenties, informed my decision to place him in this cohort.*

## **Cohort Two: 'Breaking Out'**

### *'Early Identity' & 'Performative Struggle & Resolution' Narrative*

#### 1. Joan

Joan, aged 67, Maureen's civil partner, was also previously married to a man, and has children and grandchildren. She distinguished between her experience and Maureen's:

I mean you were denying it, and I was wishing I didn't have to deny it all those years.  
(Joan, aged 67)

Joan had identified as lesbian early on in life, but had elected to get married:

I always knew I was a lesbian. And had an affair with my best friend... It was quite nice, enjoyed it... I didn't know what the word lesbian meant. I knew how I felt. But my mother saw things on the television, and would then say 'Well, they were a whole load of lesbians anyway'. And I thought I don't know what a lesbian is but it's not good [laughs]. And then when I found out, I thought, well, obviously it's going to be frowned on so I went down the route, I got married, I had children, I wanted children anyway. It was a bit of a disaster. (Joan, aged 67)

After 35 years of being married to a man, and after years of secretly reading lesbian magazines, a friendship with Maureen had grown into something more, and, in her mid-50's (in the late 1990's) Joan left her husband and moved in with Maureen.

#### 2. Tim

Tim, aged 52, is in a civil partnership and has no children. Tim was very isolated in his teens and 20's, partly associated with feeling 'different' because of his sexuality. He eventually came out in the 1980's, when he was in his twenties:

I'd felt attracted to boys from a very early age, even though I didn't know the words 'gay' or 'homosexual'. I was very shy anyway and the feeling that I was different made me deeply closeted and isolated... Didn't come out during my undergraduate years... did a PhD... still didn't come out... got a job ... and round

about then I started taking 'Gay Times'. I remember, first couple of issues I read absolutely everything. All the adverts, every single article, all the personal ads... [and] at some point in the late 80's I found [gay walking group] and I found it a great way to meet people... [joined other gay walking groups]... I met some people there who have remained friends ever since. (Tim, aged 52)

### 3. Walter

Walter, aged 58, has his first sexual relationship in late twenties with the man who is now his civil partner:

I suppose... I went to a boy's grammar school... I was conscious of being different, conscious of being gay, probably, but not really thinking it would happen to me, so I was very conscious of not appearing different, not appearing effeminate, so I played Rugby, and things, because people might think I was gay... You didn't feel quite yourself when you were growing up, because you were always second guessing what people thought of you... you were always conscious, growing up in the sixties, of not buying certain clothes that would make you look camp... [later] I went to university and I wasn't out there either... I had girlfriends... I had a girlfriend at [university] which didn't work out too well... I remember looking at magazines, thinking, well you know... and then I started buying one of the very early gay magazines... and then I went [abroad] and discovered gay sex... it was my first sexual experience and people weren't around then, there weren't many people around, and there was this cruising area, and you suddenly realised, actually there are a lot of people around. And it became much more visible, and acceptable, and so on. I suppose the other thing, growing up, was the association of homosexuality and paedophilia, that thing that gay people are just after boys... you know if you were classed as homosexual the immediate assumption was that you were a paedophile ... and I wanted to be a teacher... then [back in England] I still wasn't out, still didn't know a lot of gay people, still meeting people in magazines and whatever... and then I moved to [place name] and I met some gay people and then I moved back to [place name] and then within a few years – and I still wasn't out – I met [Adrian] at a party and within a couple of years he'd moved in, and I was more out then, you know neighbours, one neighbour said 'Are you gay?' and I said yes, and actually it's much easier if people ask you, and you can just say yes, than having to say 'Well, I'm gay' or something like that.' But for years, with my family, Adrian was 'the lodger' and Mum and Dad liked him ever so much, but he was always 'the lodger' and Mum would always say 'When are you going to buy Adrian a wardrobe, he's not got a wardrobe in his bedroom' and we used to joke about it all the time. And Adrian became more and more evident, I'd go and visit my family, I'm close to my family, and he'd come too, and it just became accepted. But nobody ever discussed it, nobody ever said anything, he was just there, and then my brother's girlfriend, she's quite open, and she said, we were all sat round having a curry, she said something like 'do you know other gay people?' or something like that and then it was out, and then it was just accepted... It was easy, it was good. (Walter. aged 58)

#### 4. Violet

Violet, aged 73, has been with her civil partner for nearly 30 years, and has identified as lesbian since her late 30's. Previously married to a man, she has children and grandchildren.

I'd always preferred little girls. Well, not little girls, women. Little girls when I was little, primary school. I did have a great crush on one little boy, when I was five. But he was a very gentle, dear little thing. And he moved away and I don't think I ever looked back... I went through school and into my teens... with crushes, enormous crushes on all these women. I remember saying to my grandmother when I was about 15, I think I'm, queer was probably the word I used... And she just said, 'oh don't worry, it's a phase girls go through'. And so I moved into the stage where what you do is you get married...I wanted children. I think I wanted to play mummies and daddies as well, because I was the product of a broken marriage, and so I wanted to do it right... then I met my first lady partner. But before that I was always closer to women than men. And so then we had an affair, but we were both married...And so we lasted, within both our marriages, for about three years... our husbands were friends and we did everything together. And at that point, I was getting a divorce from my husband and she was from hers. And, for various reasons, she and I didn't continue to work. So then I was on my own for about three years, but thinking well, I am a lesbian. I'd had an amicable separation with my husband. We went on being friends. I was very, very careful, because I thought I might lose my children. And I had a couple of flutters, trying to live with somebody for a very short time, a little longer than six weeks. And then [civil partner] came into my life. (Violet, aged 73)

#### 5. Dylis

Dylis, aged 75, is single, she has a grown up child and grandchildren. She was in a lesbian relationship in her early 20's, was then married to a man for 20 years, and after her divorce in her late forties, has been in lesbian relationships and identified as exclusively lesbian.

I joined the police force when I was 21, and fell in love with somebody at police training school, and we were together for four years... I was absolutely, deeply in love with her and I still have a photograph of her beside my bed... One day, she rang me up, and she said 'Burn everything we've ever exchanged' and I said 'Why?' and she said 'Somebody's been through my flat'. Well in those days in the police force, '59 I joined and I left in '68, they could sack you for it. So I did. It took me two hours to burn a four year loving relationship. And we started going out with guys for the sheer hell of it, to throw people off the scent. Well, Elsie became pregnant and I absolutely pleaded with her, don't get married, I'll look after you. By she was a Catholic and her beliefs were that she should get married and have a proper family for the child. So she did, she got married... [Elsie died of cancer when she was 39]... [It was] the worst day of my life. (Dylis, aged 75)

#### 6. Jack

Jack, aged 66, is single and has no children. He came out when he was thirty, after he left his home area and went to university as a mature student.

Well, when I started off, well being a gay teenager, I had gay feelings and I went to an all boys school, and you saw boys mucking about that sort of thing, and to me, I felt, it's a phase, sort of thing. Well as the years went by, it wasn't a phase, and I started to feel guilty. Cos all you saw on television was men going in toilets and being arrested. I thought oh god, you know, well this is more on reflection. So I just even though I felt I was definitely gay, I became jack the lad, went off with women all the time.... I was seen as very much a heterosexual, you know, because when you're in your twenties, you could perform, you know, whatever. And my last girlfriend, for two and a half years, in my late twenties, I was very fond of, you know, but I knew that I just could not go on. I could not get engaged, I could not marry, in my book it was just not right....And so before I went away, I did tell my girlfriend I was gay... And I came up here to university... there was freshers week and there was gay students union stall and I thought, ooh, I can't go to it, I was too frightened. And I went to a pub one night and got frightened and didn't go back for a few months... then went to bars again, had sexual experiences with men and I just knew what was going on in my mind was true... And then the next freshers week I was running the stall! [laughter] And I've never looked back. (Jack, aged 66)

#### 7. Ian

Ian, aged 69, was married to a woman, before he became involved with a gay man, and eventually he and his wife split up. He has children and grandchildren:

Oh, I've been gay all my life...But in the 60's you couldn't do much about it could you? I mean I was brought up in the church. I've led a very blinkered life... I mean it drives you crazy, doesn't it? I was going to get married, and I had a breakdown for three months, because I didn't want to get married, but was else was there? I didn't know there was anything else until after I was married... And eventually I got married. I had to accept it. I prayed to God to make me straight, make me love me wife, you know. Although there was love there, I mean we had three kids and we were married ...And once I found out there were things outside, which I did, eventually. [I] went for them strong! That caused a lot of heartache. We were married in '66 and divorced in '80, and I'd sort of come out, found out about things in the 70's.... Terrible. Sitting there being preached at every Sunday as Methodists are. It's not so bad in Anglican churches I've learned since [detail] but Methodists it's all hell, fire and damnation... Oh blimey, I had hands laid on me and all sorts, once I admitted, and told, I'd come out to my wife and all that... to get rid of the devil and all that. Telling me, because we'd got kids by then, telling me, if you take a child to something, it's better if you have a rod hung round your neck, or drowned in the river or something. They quoted the bible and all that. (Ian, aged 69)

Nonetheless, Ian forged an openly gay life and has been with his current partner for nearly 30 years.

#### 8. Andrew

Andrew, aged 66, is in a civil partnership. He was previously married to a woman (having sexual relationships with men throughout his marriage) and has children and



grandchildren. He has openly identified as gay since the mid 1980's, when he was in his forties:

I knew I was gay from being three or four. Yeah, yeah, of course I did... It so happened I fell in love with a woman. She was everything I wanted. She was outgoing, she was fun we had the same interests, and so on, and we got on really well. And we had lots and lots of friends. The house was never silent. And then, of course we had children, which is what I'd always wanted... And then, it all went pear-shaped when I met (current partner). I just fell in love completely, utterly, absolutely. I realised I loved (ex-wife), but I'd never been "in love" with her. I mean I was 26 when I married, so I could have sex with man, woman or beast, at that age, not that I did, but you know what I mean.... I just loved the man. And still till do... I met him in 1984 and we've been together since 1987. 26 years. (Andrew, aged 66)

#### 9. Arthur

Arthur, aged 60 has been with his partner for nearly 20 years. He has no children or grandchildren but his partner does. He came out in his early 20's:

Well, to start with... I felt I had to do the girl thing, and date girls, and I found a girl, I suppose I went out with Miriam, I should think, for two or three years. And then I'd found a gay friend... There was a gay club we used to go to... And in the end I had to just tell her what was happening, when I was about 19, 20. I [was brought up] in Church of England... quite a conflict, really, because you're always told it's not the thing to do. But you think, well, that's what I want to do, and you've got that conflict all the time. But in the end it just overpowers you to do what you feel you have to do. In the end, I used to keep a diary, and my mum found it, and read it. And that's how they got to know I was gay. Obviously they were upset. They wanted me to see the doctor. So I went to see the doctor. The doctor referred me to a psychiatrist. We all went to see the psychiatrist. But I think he explained more to them what was happening than to me.... And then after that they said they'd pray for me. But they were very supportive. I was with my previous partner for 14 years, and they got to know him. (Arthur, aged 60)

#### 10. Bob

Bob, aged 60, has been with his civil partner Martin for over 40 years. They have a grown-up child whom they co-parent with a lesbian mother. He had girlfriends in his teenage years, despite 'knowing' he was gay. Eventually, after he went to university, he came out in 1971, aged 21, through joining the Gay Liberation Front. He subsequently ended his relationship with his long-term girlfriend and has lived the rest of his life openly out as a gay man. Here, Bob describes his 'moment' of coming out at his first GLF meeting:

I remember the first thing that happened was that I just burst into tears. I had come home. And I remember being held, being cuddled and caressed, by people who'd been through what I'd been through... I just burst into tears, and by the end of that meeting, I was a fully-fledged member of the Gay Liberation Front. I was political anyway, and I took like a duck to water to the politics of GLF, because that's very counter-culture anyway. (Bob, aged 60)

### 11. Rene

Rene, aged 63, is single, with children and grandchildren. She has been married to a man, and has openly identified as lesbian, and has been in a series of long term lesbian relationships since her thirties. Rene got pregnant after a drunken sexual encounter with a man, then got married, knowing she was lesbian:

That was about already having a child and wanting another one and wanting to get away from my parents and thinking that at that point that the scene wasn't a fit place to bring up kids, cos it was rare for people to have kids then, on the scene... had another child, and I didn't come out till I was thirty... I was, er, 31, I went to a feminist course ... I was carrying on an affair with my first serious girlfriend that blew my marriage out the water... I mean I'd known for a long time [since I was 16] that I was a lesbian and er it was like 'wow!' when I met somebody who, well seduced me, basically... there was a bit of a row, because I was, my husband was turning a blind eye, and let the person I was having an affair with move into our house, because we were already in separate bedrooms, but my son blew the gaff to my mother ... and she initiated this huge row, where she really let rip. And then of course my husband was faced with it and then he said 'I thought it was particularly disgusting when your mother asked if I joined in, mind you I wouldn't mind' and when I sort of blanked that, then he started going on about divorce and went to a solicitor, and then it was difficult, because he wouldn't move out after the divorce, and that was difficult. Eventually he did.  
(Rene aged 63)

### 12. Sally

Sally, aged 73, is single and has no children. Had her first lesbian relationship, and has subsequently openly identified as lesbian, in her late 20's, in the late 1960's.

I sort of tried to commit suicide when I was about 15... I wanted to be invisible. [Mother had health problems] There was no way I could leave home. There was no way I could tell her what I thought was wrong. Because there was no help in those days. No support. [I couldn't tell her] that I was gay. Because she'd always had this vision of her daughter in a white dress coming down the aisle to this bloke. She was very romantic. And I tried. I tried. But I just couldn't. [Revisits mother's attitude to lesbians – she found a lesbian magazine in her post, called it 'filth'] In those days you have to remember gay women weren't as they are now. They were the full monty [describes 'butch dykes']. I never wanted that. I never wanted to be a man. I was quite happy being a woman, despite the restrictions.  
(Sally 73)

### 13. Phil

Phil, aged 62, is single and has no children. He said 'I knew at the age of eight, I was a poof... I have never voluntarily seen a woman naked and I don't want to' (Phil, aged 68.) But Phil did nothing to act on his feelings until his late 20's, having sexual relationships with neither men nor women until he was 27, when he had his first sexual encounter with a man. When he was 30 he changed careers and came out, publicly identifying as a gay man since then:

'I have two birthdays...my biological one is 62 now [and the other one] is 31. That's the day I came out.... I always say that my life started at 31, and everything else before was just a mechanical warm-up... In terms of physical sex, sublimating, I think is the psychology word. (Phil, aged 62)

#### 14. Diana

Diana, aged 69, came out in her 20's, in the 1960's, identifying as lesbian ever since.

I was born in 1943. I knew there was something different about me. I had boyfriends. I was engaged, all that sort of thing. I didn't know there was anything other than heterosexuality, because that's all there was. But I knew I was different... I had boyfriends while I was in the navy... I really believed that whatever my feelings were, they were just some sort of cross to bear... in my diaries... I see my struggles at the time were my attractions to other women. I got friendly with a woman ... it was normal, if you had a friend to stay, you shared a bed. And it happened, the second or third time we shared a bed, and it was the most natural thing in the world. And we thought we were the only ones [laughs]. In retrospect, we knew that other people knew, and there was this secret society in the navy as well... I was then taken to this club... there was that butch and femme thing, and when I went out with [another] woman, she was butch, and I had to dress as femme... you had to be one or the other. There were all the heterosexual rules of male and female. (Diana, aged 69)

#### 15. Billy

Billy, aged 61, has been with his civil partner since he was in his late 20's, in the 1970's. He has no children.

That's when John and I met, managed to get my own brain around that I was gay, around 27, 28. We met in [place] and moved to [place], I was almost 30, for lots of reasons. The real push for lots of gay people is they're living in a very provincial place as [where he was living] certainly was. When we got together it was still unlawful to be homosexual and living together and there was a lot of pressure. He was Roman Catholic, I was Protestant [side comment]. Got to [city], thought we'd be here for a year or so. It took John a while to get a job. [detail] We found a little house in [area] and have lived in this area ever since.

#### 16. Graham

Graham, aged 70, is single and has no children. He has self-identified as gay throughout his adult life. He became a monk in his 20's (in the 1960's), to try and quell his gay sexuality, before openly identifying as gay in his 30's (in the 1970's):

I was a monk. I was a Franciscan friar in the Anglican church. I think I knew, well I did know I was a gay man, and I wasn't particularly happy about that at the time, in the early 60's, for all sorts of reasons. And it was an escape route, I think. I thought maybe that I would be cured if I went into this friary and put on this brown dressing gown and a rope around me... And I thought everything would be fine, and of course it wasn't. It was absolute nonsense... looking back I wasn't fixed afterwards, because I then tried a heterosexual relationship and that didn't

work...after that I then had a relationship over a number of years on and off with a guy who had been a friar with me (Graham, aged 70.)

#### 17. Des

Des, aged 69, now separated from his civil partner, was previously married to a woman, and has grown-up children and grandchildren. He got divorced in his early 40's, after joining a group for married gay men when he was 39 (in the 1980's). Des eventually met a man with whom he became partnered, resulting in his divorce. After that partnership broke up, he was with another man for 13 years, they entered a civil partnership, but have now separated.

Subconsciously I knew, but at the time it was illegal for gay men to have sex. And I was conformist, I worked for central government, I wanted to comply. I wanted to keep my job, so cottaging was out of the thought. Well, I found the idea pretty disgusting at the time, still do to a certain extent now. (Des, aged 69)

#### 18. Frank

Frank, aged 70, was married to a woman, and they had two children, when came out when he was 45 (in 1987) – 'I always knew I was gay, but only in retrospect'. He got married at 26, 'trying to meet society and family expectations... I didn't act on any gay feelings but the thoughts were there'. Only when addressing his alcoholism in his 40's did Frank also address his sexuality and he came out as gay – 'this eased the constant pain from acting straight... I have 26 years of sobriety and being gay is personally still a significant part of my recovery'. Frank found his AIDS activism gave him a pathway to being out:

The AIDS movement helped me to come out and find my role in the gay society. Even before I came out I did some volunteering with an AIDS/HIV support organisation. At some level this may have been a test of how I might find out about my possible future life. Once I came out I became active in gay organisations and this made me even more comfortable with being and living as a gay man. (Frank, aged 70)

NB Frank's narrative might have fitted in with the 'Finding Out' cohort, in that he deploys a retrospective gay identity narrative, but he attributes his alcoholism to suppressing feelings and thoughts which were known on some level, and then a process of eventually accepting, rather than discovering, his sexuality in his sobriety.

#### 19. Sandra

Sandra, aged 61, has been with her civil partner for over 30 years. She has no children. She has identified as lesbian since her mid 20's (in the 1970's)

I started a relationship with a girl who was two years older than me. She was 15 and I was 13. And we spent many happy hours privately doing what we privately did, completely ignored by both sets of parents who hadn't any idea that we were doing anything other than listening to music. [She] suddenly dumped me and started going out with a man who she subsequently married and is still with. I didn't really know about lesbianism or whether I was or wasn't or whether I needed to have an opinion on it.... Then I went to university [detail]... there was a lesbian that everyone knew about and I thought 'ooh', you know, but I didn't

go there, I chose to hang out with a group of people, eventually find a helpful male to help me get rid of my virginity, which wasn't a very pleasant experience, kind of put me off, honestly, and then I got involved with more strange men...I mean strange that it was with men, not that the men were strange... I was thinking that I was going to try and have relationships with men, I wasn't thinking that I was going to be a lesbian. They weren't very successful relationships. They were all right unless sex was involved. I could do kissing, but the sex was a bit unpleasant... Bit of a chore really... I thought I was heterosexual but didn't like sex very much.... Anyway I shared a house with this woman, she was in a relationship, but the inevitable happened, we fell in love, had an affair, then she decided she wasn't going to leave the other woman, I left, went away... had relationships with men. I tended to be with soft, gentle men who could be fended off... [then I met a woman] and she helped me [decide I was a lesbian]... (Sandra, aged 61)

Sandra was eventually in a long-term lesbian relationship, before meeting, and falling in love with Daphne, who is now her long-term civil partner.

***NB** Sandra is borderline between this and the 'Finding Out' cohort. Her narrative of an early awareness of same gender desire informed my decision to place her in this cohort.*

#### 20. Theresa

Theresa, aged 63, is in a civil partnership and has no children. Theresa was married to a man for eight years before divorcing and coming out as gay in her late twenties, since which time she has been in a series of long term relationships with women.

Before I got married, something was in the back of my head, but I'm 63 now, and in those days things were very hidden, and I didn't have anyone to talk to about it. So this starting of awareness within me went back into my subconscious and got hidden. We split up after 7 years because by then I did understand. And it was very sad that we split up, and I realised I was gay.

***NB** Theresa is borderline between this and the 'Finding Out' cohort. However her narrative of suppressing an awareness which was later expressed informed my decision to place her in this cohort.*

### **Cohort Three: 'Finding Out'**

#### *'Retrospective Identity' & 'Performative Discovery' Narrative*

#### 21. Donald

Donald, aged 75, is single and has no children. He had avoided all intimacy in early adulthood and had been celibate until his early 30's:

I am unusual, in that I've never been in the closet, I've been nowhere and from there to badge-wearing screaming queen in six weeks flat... I'd been running, I knew perfectly well I was gay, but I'd been blocking it off. To give you an idea of how you can block it off, I went through the entire 1967 [involving] the 1967 Act which partially legalised gay sex if you were over 21 and if you were in a house with nobody else in the house and with the doors locked. And I have no

recollection of ever seeing [anything about it], and I read the Telegraph from cover to cover every day. That's a very interesting psychological thing going on there.... Then Gay Lib got going about 1970/71 ... then Gay News as a newspaper got going, none of which I saw, but then there must have been, late 1973, there was an article in the Telegraph about CHE [Campaign for Homosexual Equality] And I cut it out and it must have sat somewhere in my house for, oooh, two months, before I finally did anything about it, [and then I wrote asking for information]. I got an absolutely first rate letter back from them, sent me the information, didn't push me at all, but said that if I was interested there was a local group ... [I was at a dinner party] and I found myself sitting next to a woman who got on to the subject of homosexuals and how sensitive they were and how wonderful they were at advising her on decorating, and finally I had had enough and I said 'gays are no more sensitive than anybody else', 'how do you know?' 'I am one!' and that was that. Out. (Donald, aged 75).

Donald then went on to attend CHE meetings, was out everywhere, to friends, family and at work and became actively involved in CHE campaigning and other related activities.

## 22. Rachel

Rachel, aged 64, is single and has no children. She had relationships with both men and women, before identifying as lesbian when she was 30.

At that time the women's liberation movement was coming into its own [I] was my twenties when I started thinking about things, about equality, got involved with Women's Aid... I was heterosexual. I'd been engaged twice and just couldn't go through with it and then when I was about 27 I realised I was quite interested in some of the women I was working with. I'd always had a very best friend, you know, one best friend, a girl, but never had any inclinations or thoughts about, anything sexual really, just an incredibly warm, emotional connection. But very, very important to me, always. And I was kind of finding out about this when I was working with women, being very close, consciousness raising groups. And I think what that did was it allowed me to think more, it allowed me to explore bits of me I couldn't have acknowledged before. I can't really say I was anti-gay or anything like that. I really didn't know what different sexualities were about [laughs]. The question just never occurred to me. . So I started a relationship with my then-best friend. You know we were still friends, but sometimes we had sex, it was very exciting, and neither of us had done that before, you know. And then when I was thirty I was, you know, I knew this wasn't a passing phase. But by that time I was also with a guy I'd been with for about six years, um so there was a kind of bisexual element to that... But when I was having a relationship with a man and with a woman, I was picking up a lot of flack [from] lesbians. Other women that I knew. And I kind of understood it, in a way, except the woman I was with at the time, she thought that she was bisexual and I was in this relationship with this guy, and so we sort of started on an even playing field really and then I went to a [women's festival] and she went to a [radical feminist conference] and we came back together and it was different. It became almost war, because she was very angry, by then. And I didn't know what to do because I had feelings for this guy as well [both relationships ended] and then I met a

woman who I was with for six years. [I identified as lesbian by then]... I realised I preferred women's company, never got on with men that well. (Rachel, aged 64)

### 23. Alex

Alex, aged 60, was married to a man and has a grown up child, and a grandchild. She has a complex relationship narrative, but has identified as lesbian since her 30's, in the 1980's:

... got pregnant by a boy I met at a fresher's dance in my second year, shotgun wedding... left him, and left my daughter... It was a very unusual thing, to leave a child as a mother it was 1979, and it has been one of the defining characteristics of my life [daughter eventually came to live with her]... [in relationships with women, then a man, then formed a long-term relationship with a previous woman partner, they eventually split up, and, after a four year gap, she is now in another relationship, has openly identified as lesbian for many years] ... I've not been attracted to men in the last 30 years (Alex aged 60).

### 24. Les

Les, aged 62, is single and has no children. He had had 'no sexual activity whatsoever' until he left his country of origin and relocated to the UK in the mid 1990's, in his early 40's. He had 'worked out' he was gay in his 30's:

I'd kind of thought it through in my 30's a bit. Because I thought it would have made my life easier if I wasn't, and it would certainly have made my parents happier, although we never discussed it. (Les, aged 62)

Les is still not openly out, although he has had gay relationships and maintains links with other gay men, although 'I would never talk about myself having a gay lifestyle even now to be honest. Because I'm a very introverted person anyway.'

### 25. Claire

Claire, aged 65, is single, with children and grandchildren. She was previously married to a man, but has identified as lesbian since she left her husband in her 30's in the 1970's. She has since had one long-term relationship and other short-terms ones.

I was friendly with a particular girl at school. And we sometimes used to go out together, like other friends I'd go out with. And one day, I was just sitting, and she came up to me and said 'Do you know what a lesbian is?' And I said, yes, I'd read lots of books, so I knew, and she never spoke to me after that. And I thought what was that about? And I felt I had to prove I wasn't a lesbian, that I had to have this life that made it quite clear that I wasn't. Because I had read 'The Well of Loneliness' and that was the most god awful book. And I thought I can't fit in with, well nobody I knew could fit in with, that kind of life... upper class, calling each other men's names, it was like a heterosexual relationship rather than two women on an equal footing, it was rather the one plays the man's part and the other plays the woman's part and they both dressed according to those roles. And I didn't want that... So I went to university and got married... [My marriage] was very stultifying, very irritating, somebody telling me what to do all the time. It just wasn't right. ... Everything was focussed on the man, everything you wanted to do was secondary to that. And I thought that was rubbish anyway. I was never

brought up like that. My mother was a strong woman. I think I felt that I had to please my parents. I mean I knew it was wrong. I did know it was wrong. But I didn't seem to be able to stop the bandwagon, the heterosexual bandwagon. I just didn't have the nerve... I mean eventually I did have the nerve. I often think, I don't know, if it was being married to the wrong person pushed me along a road to think about these things and if I hadn't, I'd just have been unhappily married to someone who was nice and pleasant, and just been unhappy, and not knowing why I was unhappy. (Claire aged 65)

#### 26. May

May, aged 64, is single and has no children. She split up with her long-term woman partner a few years ago. She identifies as gay:

Are you straight or gay? I'm gay... Lesbian leaves the person you're talking to without any confusion about what you are. I create confusion. Somebody asks me a question, I never give them a straight answer. I'm gay. I'm happy. My family when I first told them, 'I'm gay', my aunt was saying, 'Well that's nice, so you're happy', well we won't ask any more questions. And my father had to read up as much as he could about it. So I tend to leave people with some questions about some question marks about who I am, I like to let them wonder, that's a tendency of mine anyway. (May aged 64)

I thought I was straight because I had boyfriends. But I came onto my girlfriends. I did have friends again, they stopped bullying me. Yes I started coming on to a particular girl, you know, all friends, sharing a bed together, and I said, do you know, I think I must be, I think I must have said lesbian, couldn't have used that word. But I got her in the corner once, and said 'I really fancy you' [gasps] and I said 'I'm only joking, I'm only joking'. But I fancied one of the teachers. So, yeah, it was odd '64, it was odd. So I got into boys... and eventually I got married to this man. I thought it was safe, normal, I wanted children, and I lived a straight life. And he was a good husband, a very good husband, we were together for eight years. [Then I had an affair with my best friend, a woman]... [my husband] guessed, but then he got over it. We tried again. Then I decided I didn't want to be lesbian, so rejected it. Then I met a man... But then I fell in love with a woman, and then I knew what love was... [I was] 28. I had not been in love before then. And the experience was just amazing, incredible... I left my husband for her...[we split up after four years] [But] I thought this is the life for me... I probably hurt a lot of people... I played the field [detail] ... and just enjoyed myself. (May aged 64)

#### 27. Maureen

Maureen, aged 62, is now in a civil partnership. She was married to a man for 25 years, and has grown-up children. She had her first sexual relationship with a woman in her 50's (in the late 1990's):

I think I was bisexual, but the lesbian side of me I didn't really want to look at. I wanted children, I wanted the normal sort of things, I knew I was attracted to women, but it never really raised its head. I never found a woman I was particularly attracted to, I just knew I was attracted to women. So I was married



for 25 years. And then you meet somebody ... and you're just not going to keep it down any longer, and it just exploded. (Maureen, aged 62.)

However, Maureen now identifies as lesbian, describing this in terms of greater self-knowledge:

I understand myself better now. I can still look at a man as attractive, as aesthetically pleasing. But I wouldn't want to have sex with him. So I see myself as lesbian. (Maureen, aged 62.)

***NB** Maureen's account of knowing she was attracted to women early on, and her retrospective account of being bisexual but suppressing her lesbian side, could have led me to place her in the 'Breaking Out' category. I have chosen to place her in the 'Finding Out' category, because her lesbian identity is one which she has discovered late in life and only after leaving her marriage with a man and subsequently forming relationships with women.*

## 28. Agnes

The oldest age a participant in the study, Agnes, is now 92, and she has the latest 'Later Life Identity narrative', describing herself as 'coming out' when she was 85. Agnes had been married to a man for over 60 years, with a gradual realisation from early on in her marriage that she did not desire men, and, later on, that she did desire women. She had one short-lived affair with a woman when she was in her fifties.

I didn't know the word [lesbian]... I didn't know there was a word. (Agnes aged 92.)

By the time she did know there was such a word, and thought it applied to her, it was too late. She firstly did not leave her husband because she was afraid of losing her children ('He would have made a terrible fuss'), and then for fear of upsetting her mother. But after her husband died, when she was 85 (in mid-2000), Agnes did eventually tell a trusted care professional in her sheltered accommodation: I just said 'I'm a lesbian'. And she just looked at me and said 'I'd never have guessed.' (Agnes aged 92)

## 29. Judith

Judith, aged 71 is in a same gender relationship. She was previously married to a man and has children and grandchildren before identifying as lesbian in her forties (1980's). She has also been in a civil partnership, but her civil partner died.

Got married, had two children... feeling I was a square peg in a round hole, really... I wasn't keen on the sex. And then I had a breakdown for a couple of years. And I was completely out of it. And then I had a relationship with the father of my third child, which was a completely disastrous relationship, and it was almost the last heterosexual relationship that I had. Although I did have one more go a bit later before the penny dropped. And the penny dropped because of getting into feminism and examining my life and realising what wrong paths I'd taken really. Fell for somebody, rather intense relationship... [Then another] relationship for about 2 ½ years ... [couple of other relationships]... then I met my partner Jessica... And we were together for 23 years. And she died last year.

[Now in a relationship with the woman she had been with for 2 ½ years previously] Strange but it is very wonderful. (Judith, aged 71)

### 30. Bernice

Bernice, aged 60, is single and has a grown up daughter. She has been married to men twice, and had previously mobilised a bisexual identity before identifying as lesbian in her forties (in the 1990's):

I would say came out in my forties. I was married, had a child, and, as so many women of my generation did, just went along with the flow. Then I got divorced, I remarried, and the man that I married, he knew I was, well at that time I identified as bisexual, but he also identified as bisexual, but we knew we would be faithful to each other, so we knew it wouldn't be an issue. And then he became ill, and I nursed him for several years, and I only really came out [as a lesbian] after he died, in 1998... I suppose bisexual was a convenient label for me to use while I was still living with a man. I hadn't had any serious relationships with a woman at that time. Once I was on my own, and free to get more involved with women, possibly my first serious relationship with a woman that I had, left me in no doubt, and there was no turning back then. (Bernice, aged 60)

### 31. Vera

Vera, aged 60, has been married to men twice and has children and grandchildren. She had her first sexual relationship with a woman in her 40's (in the 1990's), and since then has been in monogamous relationships with both men and women. When she is in a relationship with men, she identifies as bisexual and when she is in a relationship with a woman she identifies as lesbian, because bisexual is 'too powerful a position to occupy' (Vera aged 60):

'If I had to identify, primarily I would identify as a lesbian, that's what I would do, that's my orientation. I [put bisexual on the form] because I thought it was more honest in a funny kind of way, because I've had such a lot of relationships with men and in fact most of my relationships have been with men and they haven't been deeply unhappy relationships and I have no objections to having sex with men. It's much more political in many ways... I tend to say lesbian, because I work for a women-only organisation, all my life is dedicated to women, women's issues and the empowerment of women, so it kind of feels right. But if we're simply talking about who I could end up in bed with, then the reality is it could be either. '(Vera, aged 60.)

### 32. Julia

Julia, aged 69, is in a same-sex relationship. She identified as heterosexual for the early part of her adult life, has been in several long-term relationships with men, and has four children. Several of her relationships have been traumatic and/or abusive. She described a progressively emerging lesbian sexuality, having had her first relationship with a woman while in a therapeutic community in her 30s.

That was when I first fell in love with my first woman. I don't know how it happened, I don't know why it happened, it just did really.... It was a nightmare.

All my relationships have been a nightmare.... The next one wasn't much better [laughs]... (Julia aged 69)

Her more recent relationships, since her late 40's, have been with women. Julia has been in her current relationship for two years:

[It's a] nightmare [more laughter] Oh god, oh god. I think I'm only meant to be with these women to explore my dark side....She has another partner... I'm her mistress. (Julia, aged 69)

Julia and the woman she is in a relationship had planned to live together, and had recently found a house they were going to live in but the other woman changed her mind at the last moment – 'she bottled it.' Julia feels very let down, an experience she has had several times previously.

### 33. Barbara

Barbara, aged 83, was previously married to man, had two children and has grandchildren. She identified as lesbian in her fifties, in the 1980's.

My mother was quite dominant...She made me into the boy, because she'd got three daughters...she dressed me like a boy. Dressed us all in blue shirts and shorts. But I remember she would say 'Oh Barbara will do that. Barbara's my boy'... It impacted on me in all sorts of ways. I think subconsciously I felt I shouldn't have married, boys don't marry boys, that's homosexual. I still do [feel like a boy] in a sense...I don't feel comfortable in feminine clothes. I react to the elastic in bras. (Barbara, aged 83)

It wasn't until I was 50 until I met Vanessa. I was in a psychotherapy group, things were beginning to be not right with [husband] and me, well, sexually, I just thought 'ugh', and I met Vanessa in a psychotherapy group...We fell passionately in love. Then [husband] and I split up...[subsequent other lesbian relationships]... I spent a lot of years backing up the Greenham people at weekends... realised there were a lot of great women out there who were lesbian. I don't say 'a lesbian', I identify as lesbian, because saying 'a lesbian' labels me, whereas saying Barbara who used to be a vet, owns a dog, loves her garden, happens to be lesbian, is different. (Barbara, aged 83)

### 34. Derek

Derek, aged 61, has been married to women twice and has three children. He had no prior sexual encounters with men until he left his second wife in 1999, when he was 48, and began 'experimenting' with sexual relationships with men, soon partially identifying as gay:

So I thought, well, I'll experiment. I rang up one of these numbers you get in the local papers, and the rest, as they say, is history. You know, you talk to a straight fella, would you consider doing this with another fella, 'Oh no! Don't be so disgusting!' I did it, and it was wonderful. But I don't know if I identify as gay. If George Clooney was to walk across there, I wouldn't think 'Cor, look at that, or, or, get your trousers off George'....[gay is] it's the easiest way of identifying myself. I'm certainly not hetero. (Derek, aged 61)

Derek is also a cross-dresser with ambivalent gender identity:

I don't know what my gender identity is now. I think if it was thirty years ago, I might... have sought gender reassignment. (Derek, aged 61)

***NB** Derek's ambivalent understanding of both his sexuality and gender identity poses a challenge in terms of placing him in a cohort. However, he does mobilise an identity as a gay man, however ambivalently, belongs to a gay men's support group, and there was a process of discovery (possibly ongoing) which led to me deciding to locate him in the 'Finding Out' cohort.*

### 35. Iris

Iris, aged 61, was previously married to a man and has children and grandchildren. Now single, she became involved with a woman in her 30's:

When I was 13 I thought that the way I felt about one of my school friends was more than just a crush. But she was not interested in a relationship. I loved her and she is still 'the love of my life'. And that not having gone anywhere, I suppose when I met a boy at 17, did the conventional thing, which was to be with him. We lived together for eight years, we were married for seven years, had two children, my choice. And when I was 32 I fell in love with a woman ... And it was what I'd always wanted. (Iris, aged 61)

***NB** Iris' narrative could potentially place her in the 'Breaking Out' cohort, in that there was an early realisation of same gender love and desire. But it is not clear that Iris there was much of a struggle, or processes of repression or suppression. It seems that her making sense of finding fulfilment in a same gender relationship – 'It was what I'd always wanted' was retrospective, acquired only after being in one. For this reason, I placed Iris in the 'Finding Out' rather than 'Breaking Out' cohort.*

### 36. Ronald

Ronald, aged 60, is still married and living with his wife, and came out to her and his two teenage children, when he was 56:

When I was in my early 20's I wondered if I was gay. I met my wife when I was 37, had one girlfriend in between. Should have recognised the signs but didn't, but with the brainwashing that goes on I just didn't... But throughout my married life I was troubled with thoughts. Pushing them away because I thought they were wrong and all the rest of it. Until four years ago I went through a major crisis. The church I attended, there wasn't anyone who was there for me, and it was horrid, my wife and me, we were living separate lives and almost drifting apart... And I thought I've got to sort some of this out. So I rang up gay switchboard, got an interview with [counselling project]... she asked me to fill out a form and when it came to the section on sexual orientation, I thought well I've got to say I'm gay. I'd been fighting it for years, thinking it was wrong, pushing it away. I'd had very unsatisfactory relations with [my wife]. But because I was committed to marriage... I soldiered on... (Ronald aged 60)

Ronald is now very actively involved in a gay faith group and has two long-standing intimate relationships with gay men. He continues to live with his wife and daughters:

My wife and [children] they love me to bits... It's a bit of a two-edged sword really [laughs], it's lovely from one point of view, but it also keeps me in the way of life I've been in pretence over for most of my life, and I'd like to finally break free of it all. I feel if I ever did settle down with another man, I feel I would be coming home at last. It's a very schizophrenic experience. (Ronald aged 60)

### **Cohort Four: 'Late Performance'**

#### *'Absent or Ambivalent Identity' & 'Late Performance' Narrative*

##### 1. Bridget

Bridget, aged 66, had been married to a man for 34 years and has children and grandchildren. She left her husband when she was in her mid-50's (in the 1990's) to be with Liz, now her civil partner. They have been together for 12 years:

It never ever crossed my mind. I never gave it a thought. I always say to people, I must be bisexual, because I enjoyed sex with men, and I just happened to fall in love with my best friend, and she just happens to be a woman. I don't look at any of my friends and think, cor, I fancy her... I'm just in love with Liz. (Bridget aged 66)

##### 2. Angela

Angela, aged 64, previously married, got together with Marcia, now her civil partner, when she was in her late 50's, having had no previous inkling of any same sex desire. She describes her reaction after meeting Marcia:

It was a whole new reality, and whole new part of myself that I didn't know about, that I'd never experienced. And so I walked around a lot going 'Fancy that!' and just getting used to the idea... But I don't feel any political, it just sort of evolved. (Angela, aged 64)

##### 3. Marcia

Marcia, aged 66, had always been in relationships with men before meeting her civil partner Angela, when she was 60, in the early 2000's:

I just happen to have fallen in love with a woman, but I don't think I am [lesbian]. I suppose society sees me as that, because I am in a civil partnership. But I don't identify as that. I've dated plenty of men ... I've never thought of myself as 'a lesbian' or having a coming out, never had any repressed sexual feelings that I couldn't talk about. And I think if I met a guy that has the same qualities that Angela had, I'd have been perfectly happy with him. (Marcia aged 66)

##### 4. Ellen

Ellen, aged 64, is in a civil partnership and has grown up children. She had been in an abusive marriage with a man for forty years, before falling in love with Tessa in her late 50's (early 2000's), her first and only relationship with a woman. Within two years of meeting her she had left her husband. They have now been together for six years, and are civil partners.

Since I realised that I love Tessa, and love a woman, no-one could be more shocked than me, I can tell you. But I look back, for the past five, ten years of my working life, and it's all to do with my degree [thesis was on an aspect of women's lives] that was a like a light coming on, the importance of women. I began to admire women, I didn't fancy them, I've never fancied a woman in my life, present company excluded [said to Tessa]... I am not out there waving a banner, saying 'Say it out say it proud, I am a lesbian' because I don't know if I am a lesbian, I really don't know. Am I a lesbian? All I know is I love Tessa, I love her to death. I'm a feminist through and through. I've brought my daughters up not to obey and kowtow, and they don't, they do not. (Ellen, aged 64).

## 5. Yvette

Yvette, aged 69, is in a civil partnership and has no children. She has been married to men twice, her second marriage lasted for 36 years. In recent years, after her second marriage deteriorated, she became friendly with, and then close to, Theresa, who is now her civil partner. They have been in a relationship since Yvette was 67. Yvette is involved in older LGBT advocacy, but does not identify as lesbian or gay. Instead, she says 'I identify as being Theresa's lifelong partner... I'll never be with anyone else. Neither female nor male.'

### **Cohort Five: 'Lesbian by Choice'**

#### *'Elective Lesbian-Identified' Performance Narrative*

## 1. Jennifer

Jennifer, aged 62, has been with her current woman partner for over 25 years. They have no children. She had had relationships with men and women, before deciding to 'give up men' based on her radical feminist ideology, and assume a lesbian identity and lifestyle in the late 1970's:

I was a political lesbian... I just made the choice to give up men. For all sorts of reasons, you know, it was the argument that I wanted someone who knew how to clean the toilet, and someone who didn't want me to cook for them, that sort of thing... You see there are so many stories about 'I fell in love with a woman and there just was no choice', which is fine, it just wasn't what happened. I fell in love with lots of women and nothing happened, and I got off with lots of men, and I daresay I was in love them, some of them, at various points. I mean this was the era when one did have lots of partners. And then I decided, no, I'm not going to have anything more to do with men... So I gave up men. I didn't have any problems fancying women... I think there's far more fluidity around sexuality than people are willing to admit. (Jennifer, aged 62.)

## 2. Frances

Frances, aged 66, is single and has no children. She had lived an exclusively heterosexual orientation and lifestyle, and had been briefly married to a man, in her early twenties. She and had to 'learn' how to be a lesbian when she made her political choice in her late 20's, in the mid 1970's:

[I was at] a women's centre... and that's where I became a feminist, and that's where I became a lesbian. For me the two are integral, I can't separate my feminist politics from my sexuality. ... I realised that I would never have an equal relationship with a man. And I thought, well, that only leaves me with one other choice... Up until that point I didn't even know that there was such a thing as lesbianism and no idea that women could love women... If I wasn't going to be in sexual relationship to men, what was my other choice? It was either to be celibate, which was not very appealing, or to at least explore the idea of being intimate with women and ... [in the end]... It was very easy, my first woman lover was kind of in the same situation as me, so we kind of just held each other's hand through the whole thing. (Frances, aged 66)

I mean when I told my coming out story to a woman who is probably late thirties? She really didn't believe me. She didn't believe that becoming a lesbian could be a political choice. She'd always been attracted to girls when she was younger, so for her it wasn't an issue and she came out at a time where it wasn't an issue. So, she, I mean literally, her jaw dropped and she looked at me as if I were telling her a fable. It took quite a while for me to convince her that no, it was absolutely true, and that I wasn't the only one. (Frances, aged 66)

### 3. Cat

Cat, aged 63, was previously married to a man and has a grown-up child and grandchild. embraced radical separatist feminism in her mid-30's, through a combination of falling in love with a woman when she was married (having had sexual relationships with women when she was younger) and engaging with the women's peace movement in the 1980's:

When left my marriage, I lived for a year without any interaction with a man. I had no male interaction at all. So if there was a male bus driver I wouldn't get on a bus. If I went to a shop and there was a man there, I wouldn't buy the product, I'd come out. So for a whole year of my life, that's how I lived it...Because I wanted to know whether I actually could live without men in my life. Because whenever they'd be in my life it was either to exploit or abuse or to deceive, except my dad, who was a bit of a plonker. And that's why I changed my name and everything, because I didn't want to have anything to do with patriarchy. (Cat aged 63)

### **Additional: 'Voices on the Margins'**

*Indirectly heard hidden lives alluded to in participants' narratives.*

#### **Older married men having sex with gay men participants**

- I've only got one really good friend [intimate relationship] now, and he's a married guy, his wife doesn't know. But it's got to be limited all the time. (Les aged 62)
- I've worked on {gay telephone helpline} and I've met hundreds and hundreds of men in my life who call themselves bisexual and I don't think they're bisexual, I think their gay, and they use that term, you know, they might be in

relationships, like [the] guy I see, and I said 'are you bisexual' and he said 'well I'm divorced now' and I said 'you do fanny about, don't you', so I said to him you know are you bisexual, you like going with me, although I think he only goes with me to be honest, you know it's nice to think that, but he's got this degree of innocence about him, and he said 'oh you've got to keep your hand in', now that's not convincing to me, that he's truly bisexual, whereas I've met men before, and they really are you know, and they clearly enjoy sex with women, and I can discuss it 'you're bloody naughty, aren't you' I say, you know 'you're getting it both ways' [both laugh]... From my experience, there's a huge hidden, really hidden, the number of people who are gay... (Jack aged 66)

### **Older people self-concealing in care spaces**

- We're currently supporting an elderly gay man, he's 84, lived in secret. al.l his life ... He's now in quite a nice care home, £2,500 a month (laughs). But he doesn't adapt well... So, it's a struggle for him. (Rupert, aged 68, 'Breaking Out')
- ... she lives her life privately. But she has to get involved in this sheltered unit, because there are coffee mornings and things like that and, you know, she doesn't want to be unfriendly. She wants to feel part of that community. She also happens to be black. And she's had to listen to things, when people have been reading the newspaper, listen, when there's some gay issue or something, to things like 'Oh, if my daughter was like that I'd kill her'. No what does she do with that? If she challenges that she outs herself and then puts herself in a very vulnerable place. (Diana, aged 69)
- I don't think many people here would understand it or accept it somehow, but then Jenny said she didn't think I was that way, so you don't know how many other people are. (Agnes aged 92)

### **Women living heterosexual lives who might potentially form same gender relationships**

- I am amazed at how many people we have met, and in [local lesbian group]... who said they had been married and they were now – I thought I was the only one who was married, you know. [It's] fabulous, absolutely fabulous. And then it makes me think, well how many more are out there? Come on out girls! Let's get them out! Away from the kitchen, get out! (Ellen, aged 64)

### **Cohort Summary**

<b>Participants</b>	<b>Cohort</b>
1. Moira aged 75	Out Early
2. Daphne aged 60	Out Early
3. Lawrence aged 63	Out Early
4. Lewis aged 65	Out Early
5. Ken aged 64	Out Early
6. Alastair aged 76	Out Early
7. Sam aged 61	Out Early



8. Tessa aged 58	Out Early
9. Alice aged 60	Out Early
10. Doris aged 69	Out Early
11. Stella aged 66	Out Early
12. Audrey aged 67	Out Early
13. Martin aged 62	Out Early
14. Clifford aged 67	Out Early
15. Liz aged 52	Out Early
16. Rupert aged 68	Out Early
17. Tim aged 52	Breaking Out
18. Sandra aged 61	Breaking Out
19. Bob aged 60	Breaking Out
20. Arthur aged 60	Breaking Out
21. Dylis aged 75	Breaking Out
22. Billy aged 61	Breaking Out
23. Ronald aged 60	Breaking Out
24. Ian aged 69	Breaking Out
25. Andrew aged 68	Breaking Out
26. Joan aged 67	Breaking Out
27. Frank aged 70	Breaking Out
28. Walter aged 58	Breaking Out
29. Rene aged 63	Breaking Out
30. Phil aged 62	Breaking Out
31. Graham aged 70	Breaking Out
32. Jack aged 66	Breaking Out
33. Sally aged 73	Breaking Out
34. Diana aged 69	Breaking Out
35. Violet aged 73	Breaking Out
36. Theresa aged 63	Breaking Out
37. Des aged 69	Breaking Out
38. Iris aged 61	Finding Out
39. Donald aged 75	Finding Out
40. Les aged 62	Finding Out
41. Claire aged 65	Finding Out
42. May aged 64	Finding Out
43. Vera aged 60	Finding Out
44. Agnes aged 92	Finding Out
45. Alex aged 60	Finding Out
46. Maureen aged 62	Finding Out
47. Rachel aged 64	Finding Out
48. Judith aged 71	Finding Out
49. Bernice aged 60	Finding Out

50. Barbara aged 83	Finding Out
51. Derek aged 61	Finding Out
52. Julia aged 69	Finding Out
53. Ellen aged 64	Late Performance
54. Bridget aged 66	Late Performance
55. Marcia aged 66	Late Performance
56. Angela aged 64	Late Performance
57. Yvette aged 69	Late Performance
58. Jennifer aged 62	Lesbian by Choice
59. Frances aged 66	Lesbian by Choice
60. Cat aged 63	Lesbian by Choice

## APPENDIX E

### Participant Cohorts, Age and Era.

Participants	Cohort	Born	1945-1955	1956-1966	1967-1979	1980 -1999	2000 -2012	Narrative
1. Moira aged 75	Out Early	B 1937	8-18	19-29	30-42	43-62	63-75	'I was a lesbian at the age of three'
2. Daphne aged 60	Out Early	B 1952	0-3	4-14	15-27	28-47	48-60	has always been in relationships with women
3. Lawrence aged 63	Out Early	B 1949	0-6	7-17	18-30	31-50	51-63	'All boys schools... I just carried on'
4. Lewis aged 65	Out Early	B 1947	0-8	9-19	20-32	33-52	53-65	I think I realised early on, performed from 21 on
5. Ken aged 64	Out Early	B 1948	0-7	8-18	19-31	32-51	52-64	Lifelong. Told parents at 21
6. Alastair aged 76	Out Early	B 1936	9-19	20-30	31-43	44-63	64-76	Has self-identified as gay all his life
7. Sam aged 61	Out Early	B 1951	0-4	5-15	16-28	29-48	49-61	'... I met my partner at 22'
8. Tessa aged 58	Out Early	B 1954	0-1	2-12	13-25	26-45	46-58	'Knew all my life that I was gay'
9. Alice aged 60	Out Early	B 1952	0-3	4-14	15-27	28-47	48-60	has identified as lesbian since her late teens
10. Doris aged 69	Out Early	B 1943	2-12	13-23	24-36	37-56	57-69	always known she was gay
11. Stella aged 66	Out Early	B 1946	0-9	10-20	21-33	34-53	54-66	'I knew that I was gay/lesbian when I was about 8'
12. Audrey aged 67	Out Early	B 1945	0-10	11-21	22-34	35-54	55-67	With long-term woman partner since 18
13. Martin aged 62	Out Early	B 1950	0-5	6-16	17-29	30-49	50-62	'Probably came out to myself when I was about 13, 14'
14. Clifford aged 67	Out Early	B 1945	0-10	11-21	22-34	35-54	55-67	Has identified as gay all his adult life
15. Liz aged 52	Out Early	B 1960	-	0-6	7-19	20-39	40-52	has identified as lesbian all her adult life
16. Rupert aged 68	Out Early	B 1944	1-11	12-22	23-35	36-55	56-68	Identified as gay lifelong; Clandestine till 40/45
17. Tim aged 52	Breaking Out	B 1960	-	0-6	7-19	20-39	40-52	Late 20's, late 1980's
18. Sandra aged 61	Breaking Out	B 1951	0-4	5-15	16-28	29-48	49-61	identified as lesbian since her mid 20's (70's)
19. Bob aged 60	Breaking Out	B 1952	0-3	4-14	15-27	28-47	48-60	Came out 1971, aged 21
20. Arthur aged 60	Breaking Out	B 1952	0-3	4-14	15-27	28-47	48-60	'Tried to do girl thing'; told mother when 19/20
21. Dylis aged 75	Breaking Out	B 1937	8-18	19-29	30-42	43-62	63-75	Late forties
22. Billy aged 61	Breaking Out	B 1951	0-4	5-15	16-28	29-48	49-61	
23. Ronald aged 60	Breaking Out	B 1952	0-3	4-14	15-27	28-47	48-60	Came out to wife and children aged 56
24. Ian aged 69	Breaking Out	B 1943	2-12	13-23	24-36	37-56	57-69	Married; 'come out' in 70's while still married
25. Andrew aged 68	Breaking Out	B 1944	1-11	12-22	23-35	36-55	56-68	Married; met male ptner 1984
26. Joan aged 67	Breaking Out	B 1945	0-10	11-21	22-34	35-54	55-67	Always knew but resisted it, ss rel in mid 50's on
27. Iris aged 61	Breaking Out	B 1951	0-4	5-15	16-28	29-48	49-61	Married. Fell in love with a woman aged 32
28. Frank aged 70	Breaking Out	B 1942	3-13	14-24	25-37	38-57	58-70	Came out aged 45 (1987)
29. Walter aged 58	Breaking Out	B 1954	0-1	2-12	13-25	26-45	46-58	Late twenties

<b>30. Rene aged 63</b>	Breaking Out	B 1949	0-6	7-17	18-30	31-50	51-63	Since 30's
<b>31. Phil aged 62</b>	Breaking Out	B 1950	0-5	6-16	17-29	30-49	50-62	Came out at 30.
<b>32. Graham aged 70</b>	Breaking Out	B 1942	3-13	14-24	25-37	38-57	58-70	Was first a monk then came out in 30's
<b>33. Jack aged 66</b>	Breaking Out	B 1946	0-9	10-20	21-33	34-53	54-66	Late 20's onwards
<b>34. Sally aged 73</b>	Breaking Out	B 1939	6-16	17-27	28-40	41-60	61-73	Late 20's (late 1960's)
<b>35. Diana aged 69</b>	Breaking Out	B 1943	2-12	13-23	24-36	37-56	57-69	Mid 20's
<b>36. Violet aged 73</b>	Breaking Out	B 1939	6-16	17-27	28-40	41-60	61-73	'Always preferred girls' but married. Late 30s
<b>37. Theresa aged 63</b>	Breaking Out	B 1949	0-6	7-17	18-30	31-50	51-63	came out as gay in her late twenties
<b>38. Des aged 69</b>	Breaking Out	B 1943	2-12	13-23	24-36	37-56	57-69	Married. Subconsciously knew. Came out 39
<b>39. Donald aged 75</b>	Finding Out	B 1937	8-18	19-29	30-42	43-62	63-75	1973, early 30s
<b>40. Les aged 62</b>	Finding Out	B 1950	0-5	6-16	17-29	30-49	50-62	'Worked out' he was gay in 30s
<b>41. Claire aged 65</b>	Finding Out	B 1947	0-8	9-19	20-32	33-52	53-65	Left husband in 30s
<b>42. May aged 64</b>	Finding Out	B 1948	0-7	8-18	19-31	32-51	52-64	Met a woman when 28
<b>43. Vera aged 60</b>	Finding Out	B 1952	0-3	4-14	15-27	28-47	48-60	Identified as lesbian/bisexual since 40s Bi
<b>44. Agnes aged 92</b>	Finding Out	B 1920	25-35	36-46	47-59	60-79	80-92	Came out at 85
<b>45. Alex aged 60</b>	Finding Out	B 1952	0-3	4-14	15-27	28-47	48-60	Identified as lesbian since her 30's
<b>46. Maureen aged 62</b>	Finding Out	B 1950	0-5	6-16	17-29	30-49	50-62	First relationship with woman in 50's ('denying') Bi
<b>47. Rachel aged 64</b>	Finding Out	B 1948	0-7	8-18	19-31	32-51	52-64	ID as lesbian from 30 onwards
<b>48. Judith aged 71</b>	Finding Out	B 1941	4-14	15-25	36-38	39-58	59-71	Identified as lesbian in her 40s
<b>49. Bernice aged 60</b>	Finding Out	B 1952	0-3	4-14	15-27	28-47	48-60	Identified as lesbian in her 40s
<b>50. Barbara aged 83</b>	Finding Out	B 1929	16-26	27-37	38-50	51-70	71-83	Identified as lesbian in her 50s
<b>51. Derek aged 61</b>	Finding Out	B 1951	0-4	5-15	16-28	29-48	49-61	Began experimenting with men late 40s
<b>52. Julia aged 69</b>	Finding Out	B 1943	2-12	13-23	24-36	37-56	57-69	First relationship with woman in 30s
<b>53. Ellen aged 64</b>	Late Performance	B 1948	0-7	8-18	19-31	32-51	52-64	Met woman partner aged 58
<b>54. Bridget aged 66</b>	Late Performance	B 1946	0-9	10-20	21-33	34-53	54-66	Met woman partner mid 50s
<b>55. Marcia aged 66</b>	Late Performance	B 1946	0-9	10-20	21-33	34-53	54-66	Met woman partner when she was 60
<b>56. Angela aged 64</b>	Late Performance	B 1948	0-7	8-18	19-31	32-51	52-64	Met woman partner late 50s
<b>57. Yvette aged 69</b>	Late Performance	B 1943	2-12	13-23	24-36	37-56	57-69	Met woman partner aged 67
<b>58. Jennifer aged 62</b>	Lesbian by Choice	B 1950	0-5	6-16	17-29	30-49	50-62	'I gave up men' in late 1970's
<b>59. Frances aged 66</b>	Lesbian by Choice	B 1946	0-9	10-20	21-33	34-53	54-66	Chose to be lesbian in mid-20's, mid-1970's
<b>60. Cat aged 63</b>	Lesbian by Choice	B 1949	0-6	7-17	18-30	31-50	51-63	Rad fem ID mid 30's, in 1980s

## APPENDIX F

### Care and accommodation preferences: Overview of data

Out of 60 participants, 50 expressed care preferences. Ten out of 60 participants did not express a preference, showing a reluctance to engage with the issue<sup>172</sup>. Of the 50 participants who did express a preference, eight wanted to die first and had plans to do so<sup>173</sup>; another said she would rather die rather than go into mainstream care provision and another said she would like the option to end her life when she wanted, either before entering care provision or after doing so if it proved too much<sup>174</sup>. In all, ten out of 50 participants (20%) expressed the wish to be able to end their lives in one way or another rather than go into sheltered housing or care provision.

Five of the eight participants who expressed a wish to die before entering care provision did not express a preference for type of care home composition, and three of

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<sup>172</sup> Nine out of 60 participants did not express a preference: Ronald (aged 60) was seriously ill and unable to see beyond that; Clifford (aged 67) was vague; Derek (age 61) ambivalent; Audrey (aged 60) and Martin (aged 62) hopeful about ageing in place; and Barbara (aged 83) avoided thinking about it - 'I kind of shut that away as if I'm going to drop dead'; Dylis, aged 75 'It wouldn't really matter to me'; Billy (aged 61) - 'I don't see any point in worrying about the future. There is only a now'; Julia (aged 69) - had been about to move in with lover, but plans fell through and can't see beyond that at present. Liz (aged 52) did not express a preference - interviewer missed following this up during joint interview with her partner.

<sup>173</sup> Eight out of 53 participants wanted to die rather than go into a care home: Daphne (aged 60) - 'I would rather take the half a pint of Jamieson's and forty Paracetamol route'; Rupert (aged 68) - 'I always keep a lethal dose of something.... there will be a point at which, I think, it will be wise to exit'; Sam (aged 61) - 'Because my quality of life, if I was in that state, I wouldn't want it'; Iris (aged 61) - 'I don't want to end up in any sort of care home'; Phil (aged 62) - 'What I would like is to have a party, where there's everybody I love around, say 'OK guys, bye' [waves], stick the bag over my head, turn the valve on, please.'; Sally (aged 73) - 'I can't imagine anything worse to be in hell hole in the armpit of a care home, where I'm abused or neglected. I'd rather die, thank you!'; Jennifer (aged 63) - 'I hope I would be brave enough to kill myself, to take control over my own death.'; May (aged 64) - 'What I would want to do is just die. I just long for the day that they accept euthanasia. I would be scared about doing it to myself, committing suicide. But, oh for some doctor to be able to give you an injection. I just don't want to end up in an institution.'

<sup>174</sup> Alice (aged 60) 'If I can't see that there is some kind of housing or community solution that would bring me into contact with other LGBT people, if I was stuck on my own, I'd much rather sell up and get a scruffy little villa on a Greek island, for six months or a year, and then kill myself'; Stella (aged 66) - 'It's something I have thought about seriously. I think I would do it in an orderly fashion, because I'm a neat sort of person, so I would probably do it through some organisation or agency that I had investigated to do it with. ... You've got to have contingencies. If you can't look after yourself is one thing. But if you're living in a home and you don't like your life, and you want to try something else, you might want to have a contingency for that. And then there's the final thing, 'I'm fed up with it now' ... so I could at least, when I'm really weak, I could say [in hoarse voice] 'Invoke Plan D', as opposed to Plan A, which I shall have already passed. Plan D would be the ending, that would be the pills and Dignitas.'

them did. In all a total of 45 participants (29 women and 16 men) expressed a preference for care home composition<sup>175</sup>. Of these, 25 (56%) expressed a preference for alternatives to mainstream provision<sup>176</sup> (women n= 18, 62%; men n=7, 44%) and 20 (44%) expressed a preference for mixed mainstream provision<sup>177</sup> (women n= 11, 38%; men n=9, 56%). Those who preferred mixed mainstream provision consistently specified that it should be 'gay friendly' or 'LGBT friendly'.

Of those who expressed a preference for alternatives to mainstream provision, total of 14 women (48% of all the women who expressed a preference; and 78% of the women who wanted non-mainstream provision) wanted either women-only or lesbian-only accommodation. Of these seven wanted women-only<sup>178</sup> and seven wanted lesbian-only<sup>179</sup>. One of the women who expressed a preference for lesbian-only also expressed a second preference for women-only accommodation<sup>180</sup>. Among the men participants four gay men (9% of total sample; 25% of all the men who expressed a preference; and over half of the seven men who expressed a preference for non-mainstream provision) expressed a preference for gay-men exclusive accommodation<sup>181</sup>.

In terms of mixed 'lesbian and gay' or 'gay and lesbian' or 'lesbian, gay and bisexual' accommodation, this was the preference of five (11%) of participants (three women, two men)<sup>182</sup>. Only two out of 45 participants (one woman, one man, less than 1% of total preferences) expressed a preference for LGBT (lesbian, gay, bisexual and trans) provision<sup>183</sup>.

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<sup>175</sup> See Appendix Four for detailed breakdown, including tables.

<sup>176</sup> Bob (aged 62); Moira (aged 75); Lawrence (aged 63); Tim (aged 52)

<sup>177</sup> Theresa (aged 63); Marcia (aged 66); Angela (aged 64); Yvette (aged 69); Jennifer (aged 62); Bernice (aged 60); Violet (aged 73); Diana (aged 69); Donald (aged 75); Graham (aged 70); Jack (aged 66); Walter (aged 58); Andrew (aged 68); Doris (aged 69); Tessa (aged 58); Lewis (aged 65); Tim (aged 52); Lawrence (aged 63); Moira (aged 75); Bob (aged 60)

<sup>178</sup> Daphne (aged 60); Vera (aged 60); Alex aged 60; Rachel aged 64; Judith aged 71; Ellen aged 64; May (aged 64)

<sup>179</sup> Sandra (aged 61); Claire (aged 65); Agnes (aged 92); Maureen (aged 62); Bridget (aged 66); Frances (aged 66) and Cat (aged 63)

<sup>180</sup> Claire (aged 65)

<sup>181</sup> Arthur (aged 60); Ken (aged 64); Alastair (aged 76); and Ian (aged 59).

<sup>182</sup> Stella (aged 66); Joan (aged 67); Frank (aged 70); Rene (aged 62); Les (aged 62).

<sup>183</sup> Alice (aged 60) and (Des aged 69).

Out of the ten participants already living in mixed mainstream sheltered accommodation, three of them expressed a preference for this<sup>184</sup>. One of these was Lewis (aged 65) who had also expressed a strong preference for an LGBT - only day centre and another was Doris (aged 69) who is not currently out in her sheltered accommodation, which she thinks needs to become more 'gay friendly'. Six of the other participants already living in sheltered accommodation, expressed the wish not to be doing so, and a preference for the following: three wanted to be living in 'lesbian and gay' or 'gay and lesbian' accommodation<sup>185</sup>, one wanted to be living in LGBT accommodation<sup>186</sup>, and two wanted lesbian-only<sup>187</sup>. One did not specify what form of provision she would prefer<sup>188</sup>.

All of the participants were agreed that there should be a menu of choices of care and accommodation ('One size doesn't fit all', Martin aged 62; 'I think people should have choice around that area and there should be homes for gays and lesbians definitely', Jack aged 66; 'I would like to see a choice of care homes'. Rene aged 63)

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<sup>184</sup> Graham (aged 70); Lewis (aged 65); Doris (aged 69).

<sup>185</sup> Rene (aged 63); Les (aged 62); Frank (aged 70)

<sup>186</sup> Des (aged 69)

<sup>187</sup> Bridget (aged 66); Agnes (aged 92)

<sup>188</sup> Julia (aged 69) - had been about to move in with lover, but plans fell through and can't see beyond that at present

## APPENDIX G

## Care and accommodation preferences: Breakdown

Participants	Cohort	Couple	Ch/Gch	Preference	Comment
1. Bob aged 60	Out Early	y	y	Mixed	'Integrated'
2. Arthur aged 60	Out Early	y	y/n	Gay	No reason given (couple interview)
3. Moira aged 75	Out Early	y	y/n	Mixed	'If we can get on in the village, I don't think we'd have a problem' [getting on in mainstream provision]
4. Sandra aged 61	Breaking Out	y	n	Lesbian	'I don't particularly like gay men, I mean not blanket don't like them. I don't like men. And old men, well.'
5. Daphne aged 60	Out Early	y	n	Wants to die Women only	'a lot of dykes together can be purgatory. And a lot of old dykes together could be even worse [laughs]... So I would probably want to be in a women-only environment. But, what would be more important to me, would be that the people looking after me are gay-friendly. And wouldn't tolerate any kind of innuendo (or) homophobia.' 'I'm scared of nursing homes generally. I would rather not go. I would rather take the half a pint of Jamieson's and forty Paracetamol route, if it comes to it.'
6. Lawrence aged 63	Out Early	y	n	Mixed	'No preference'; 'because when I was very, very ill, they were health professionals doing their job. One of the best doctors was a young Australian woman.'
7. Tim aged 52	Out Early	y	n	Mixed	'Gay friendly'
8. Rupert aged 68	Out Early	y	n	Wants to die No other pref.	Well, I, to be honest, I always keep a lethal dose of something, because I don't want to become an elderly isolated person. And I certainly don't want to be a burden to other people. And also, it is possible my mood will deteriorate again. And it's quite hard to deal with. And there isn't that much support, to be honest. I find, I think I'm right in saying this, I think I do more supporting than getting supported (laughs) .... I've come to realise that when it's my turn to need support, I'm going to be in a bit of a vacuum..... there will be a point at which, I think, it will be wise to exit.
9. Lewis aged 65	Out Early	n	n	Mixed (but wants LGBT day centre)	'gay friendly accommodation where people treat us right'; 'They should be accepting of everyone and cater to everyone's needs.'
10. Ken aged 64	Out Early	n	n	Gay	Do I want to be surrounded solely by gay people? Perhaps I'd be slightly more comfortable... I think it would work out.
11. Alastair aged 76	Out Early	n	n	Gay	'I think I would probably not like [mainstream provision]. Because I think ... I'd have to be a walking Gay Liberation Front and I would find that extremely tedious after so many years'



<b>12. Sam aged 61</b>	Out Early	Y	n	Wants to die first no alt pref	'Because my quality of life, if I was in that state, I wouldn't want it'
<b>13. Tessa aged 58</b>	Out Early	y	n	Mixed	I was going to say lesbian, but I don't like many lesbians, so I don't know if I would. I think I would like to be with, people I would get on with, so that would be a cross-section of men and women.
<b>14. Alice aged 60</b>	Out Early	n	n	LGBT	If no LGBT coop then wants to die instead of going into care home
<b>15. Doris aged 69</b>	Out Early	n	n	Mixed	I'd like it to be across the board, I'm not in favour of gay homes, because I think it pushes a wedge between people again. [But she's not out in her sheltered accommodation]
<b>16. Stella aged 66</b>	Out Early	n	n	L&G&B	'I think I'd prefer to have a lesbian and gay village, perhaps a sheltered housing scheme with extra nursing on site... [Talks about lesbian and gay politics in past]... I mean there were political lesbians who would bite their hand off rather than speak to a man. And I thought that was a really stupid attitude and I joined a mixed switchboard. The law of unintended consequences, whenever a drag queen would ring and ask about make-up the gay men would hand the call on to a lesbian. And I'd say it's no good asking me! And the second law of unintended consequences is that I have spent more hours on the phone explaining the intricacies of gay male sex to a hesitant 16 year old than I could shake a stick at... So I think I would prefer a mixed lesbian and gay, and I would include the bisexuals.' Wants to be able to choose when/where she dies
<b>17. Ian aged 69</b>	Breaking Out	y	y	Gay	'90% of it's females in nursing homes'
<b>18. Andrew aged 68</b>	Breaking Out	y	y	Mixed	'I want to be with nice people. I don't care what sex they are.'
<b>19. Joan aged 67</b>	Breaking Out	y	y	L&G	'I think it would be good to have men around'
<b>20. Iris aged 61</b>	Breaking Out	y	y	Wants to die first No other pref	'I don't want to end up in any sort of care home.' But may be constrained by family commitments.
<b>21. Frank aged 70</b>	Breaking Out	n	y	L&G	Because when you get a group of gay men on their own, they are so catty.... To me that would be safer idea. Because the staff that were there would know that this is what the community is, and how to treat them.
<b>22. Walter aged 58</b>	Breaking Out	y	n	Mixed	[Doesn't 'have much to do with gay people']
<b>23. Rene aged 63</b>	Breaking Out	n	y	L&G	'so that you had a bit of humour from the men and a bit of solidarity from the women'
<b>24. Phil aged 62</b>	Breaking Out	n	n	Wants to die (Poss co-op pre-care home stage) no other pref	'What I would like is to have a party, where there's everybody I love around, say 'OK guys, bye' [waves], stick the bag over my head, turn the valve on, please.'
<b>25. Graham aged 70</b>	Breaking Out	n	n	Mixed	I don't want the LGBT community to be ghettoised. When I want extra care, I wouldn't want to be with just gay men. I've always seen myself as part of the wider community and want to remain

					there. As a gay man.
<b>26. Jack aged 66</b>	Breaking Out	n	n	Mixed	Because he has a mixed social network
<b>27. Sally aged 73</b>	Breaking Out	n	n	Wants to die first No other pref	I've no family, they're all dead, no children, I never wanted any, no partner. And so there wouldn't be anybody there for me. And I can't imagine anything worse to be in hell hole in the armpit of a care home, where I'm abused or neglected. I'd rather die, thank you! So if ever I feel that physically or mentally, I'm on the downward slide, I definitely want to do something about it, because I can't see the point. I can't see the point at all and I feel strongly about it.
<b>28. Diana aged 69</b>	Breaking Out	n	n	Mixed	'if there was a mixture of lesbian and gay and straight staff and they were willing to challenge'
<b>29. Donald aged 75</b>	Finding Out	n	n	Mixed	Doesn't automatically have things in common with gay men (no lesbians)
<b>30. Les aged 62</b>	Finding Out	n	n	L&G	Ideally the mix, straight and gay. But what I've noticed in here is the straight people themselves are OK, but it's their children, they're homophobic... so I think gay and lesbian would be OK
<b>31. Des aged 69</b>	Finding Out	n	y	LGBT	'Can I just say that if there was a gay [retirement complex], I would have lived there' 'Having been in [LGBT support group], I have thought that it would be nice to live with gay people [and] lesbians as well and even transgender... I feel sorry for lesbians, because it seems to me that there are not the same facilities and bars for lesbians that there are for gay men [and] some of the women in the group are funny.
<b>32. Claire aged 65</b>	Finding Out	n	y	Lesbian (1) Women (2)	find men's habits not very pleasant; Lesbian first, women second, LGB third. That would be the order
<b>33. May aged 64</b>	Finding Out	n	n	Prefer to be euthanased. But if can't be: Women	Prefer to die than go into mainstream; You lack that close family network, so obviously you are more isolated. I live in an incredibly amount of fear about my future. Not just as an older person. But as a gay older person. Institutions, they're very straight. My god I hope I don't have to go into a care home, I really do. It's all men and women, and I just can't imagine what it will be like. When I think about it, I find it quite scary. It frightens me that I am just going to be invisible, a nobody, that I am just going to be lost. And what I would want to do is just die.
<b>34. Vera aged 60</b>	Finding Out	n	y	Women	Co-housing
<b>35. Violet aged 73</b>	Finding Out	y	y	Mixed	It aint gonna happen (LGB/T)
<b>36. Agnes aged 92</b>	Finding Out	n	y	Lesbians	
<b>37. Alex aged 60</b>	Finding Out	y	y	Women	Co-housing
<b>38. Maureen aged 62</b>	Finding Out	y	y	Lesbian	'I'd go for mainstream but the problem is there's too much discrimination, so I'd probably say lesbian only.'
<b>39. Rachel aged 64</b>	Finding Out	y	n	Women	Co-housing
<b>40. Judith aged 71</b>	Finding Out	y	y	Women	'I really, really hope I don't have to share accommodation with men.'
<b>41. Bernice aged 60</b>	Finding Out	n	y	Mixed	'I've heard all the arguments for and against a lesbian scheme, or a gay only scheme, and I think I'd come down against it, because while you're within that nice little cocoon, everyone's friendly and

					it's all going to be lovely. But the minute you step out of the door, then everyone in the neighbourhood knows that that particular block of flats is the gay and lesbian complex, so I think that is when you're going to get the homophobia. You can't close yourself off from the world. I don't like the idea of ghettos, that's where I'm coming from. 'Oh, let's put all the gay people over here and all the straight people over there'. How are you ever going to get people integrated if you do that?'
<b>42. Theresa aged 63</b>	Finding Out	y	n	Mixed	Gay friendly
<b>43. Ellen aged 64</b>	Late Performance	y	y	Women	I think I'd have to have a woman only [care home], I couldn't bear to be in close proximity with men.
<b>44. Bridget aged 66</b>	Late Performance	n	y	Lesbian	'you could talk about things that you've done, people that you've met, and everything else'
<b>45. Marcia aged 66</b>	Late Performance	y	n	Mixed	'I don't want to be in an enclave. I'd rather challenge inequalities when they happen.'
<b>46. Angela aged 64</b>	Late Performance	y	n	Mixed	I don't want to live in a ghetto.
<b>47. Yvette aged 69</b>	Late Performance	y	n	Mixed	I think care homes ought to be integrated otherwise you're going to get segregation.
<b>48. Jennifer aged 62</b>	Lesbian by Choice	y	n	Wants to die first Mixed	'I hope I would be brave enough to kill myself, to take control over my own death.' [before going into care] 'People I could get on with'; It doesn't matter whether I'm looked after by a lesbian or someone else, no it doesn't, it could even be a man as long as it's the right man.
<b>49. Frances aged 66</b>	Lesbian by Choice	n	n	Lesbian (1) Women/LGB (2)	'I think my first choice, then, would be lesbians only, it would then be a toss-up for me between women and LGB.'
<b>50. Cat aged 63</b>	Lesbian by Choice	n	y	Lesbian	We've talked about beginning to build up a group of lesbians who either buy a private employment company or join another one to work and make provision to provide personal carers or personal assistants.
<b>No preference</b>					
<b>51. Ronald aged 60</b>	Breaking Out	y	y	No choice	Seriously ill: unable to see beyond that
<b>52. Clifford aged 67</b>	Out Early	y	n	N/K	Mixed implied but not specified
<b>53. Barbara aged 83</b>	Finding Out	n	y	No choice	'I kind of shut that away as if I'm going to drop dead'
<b>54. Audrey aged 67</b>	Out Early	n	n	N/K	Couldn't think beyond plan to age in place
<b>55. Martin aged 62</b>	Out Early	y	y	No choice	Couldn't think beyond plan to age in place
<b>56. Derek aged 61</b>	Finding Out	n	y	N/K	Ambivalent
<b>57. Liz aged 52</b>	Out Early	y	n	N/K	Joint interview, didn't express a choice
<b>58. Billy aged 61</b>	Breaking Out	y	n	No choice	'I don't see any point in worrying about the future. There is only a now.'

<b>59. Julia aged 69</b>	Finding Out	y	y	No Choice	Had been about to move in with lover, but plans fell through; can't see beyond that at present.
<b>60. Dylis aged 75</b>	Breaking Out	n	y	No Choice	'It wouldn't really matter to me. I've worked in care homes and they didn't know I was out.'

## APPENDIX H

### Care and accommodation preferences: Statistical analysis

Out of 60 participants, 50 expressed care preferences. Ten out of 60 participants did not express a preference, showing a reluctance to engage with the issue<sup>189</sup>. Ten expressed a wish to die, five of whom nonetheless expressed a residential preference. Five of the eight participants who expressed a wish to die before entering care provision did not express a preference for type of care home composition, and three of them did. In all a total of 45 participants (29 women and 16 men) expressed a preference for care home composition<sup>190</sup>, see Table 1 below, for an overview.

	Mainstream (‘LGBT friendly’) <sup>191</sup>	Women - only	Lesbian - only	Men- only	Gay men - only	L&G/ LGB/ LGBT	Tot
<b>Women</b>	11 (38%)	7 (24%)	7 (24%)	n/a	n/a	4 (14%)	29
<b>Men</b>	9 (56%)	n/a	n/a	0	4 (25%)	3 (19%)	16
<b>Totals</b>	20 (44%)	7 (16%)	7 (16%)	0	4 (9%)	7 (16%)	45

**Table 1.** Residential care preferences as expressed by the 45 out of 60 participants who expressed a preference. (Ten of the 60 participants expressed no preference<sup>192</sup>; another eight expressed a preference to die instead of going into a care home, three of whom did nonetheless express a residential care preference, although maintaining they would prefer to die).

Of these, 25 (56%) expressed a preference for alternatives to mainstream provision<sup>193</sup> (women n= 18, 62%; men n=7, 44%) and 20 (44%) expressed a

<sup>189</sup> Ten out of 60 participants did not express a preference: Ronald (aged 60) was seriously ill and unable to see beyond that; Clifford (aged 67) was vague; Derek (age 61) ambivalent; Audrey (aged 60) and Martin (aged 62) hopeful about ageing in place; and Barbara (aged 83) avoided thinking about it - ‘I kind of shut that away as if I’m going to drop dead’; (Dylis, aged 75) ‘It wouldn’t really matter to me’; Billy (aged 61) - ‘I don’t see any point in worrying about the future. There is only a now’; Julia (aged 69) - had been about to move in with lover, but plans fell through and can’t see beyond that at present. Liz (aged 52) did not express a preference - interviewer missed following this up during joint interview with her partner.

<sup>190</sup> See Appendix Four for detailed breakdown, including tables.

<sup>191</sup> Those who preferred mixed mainstream provision consistently specified that it should be ‘gay friendly’ or ‘LGBT friendly’

<sup>192</sup> Ten out of 60 participants did not express a preference: Ronald (aged 60) was seriously ill and unable to see beyond that; Clifford (aged 67) was vague; Derek (age 61) ambivalent; Audrey (aged 60) and Martin (aged 62) hopeful about ageing in place; and Barbara (aged 83) avoided thinking about it - ‘I kind of shut that away as if I’m going to drop dead’; (Dylis, aged 75) ‘It wouldn’t really matter to me’; Billy (aged 61) - ‘I don’t see any point in worrying about the future. There is only a now’; Julia (aged 69) - had been about to move in with lover, but plans fell through and can’t see beyond that at present. Liz (aged 52) did not express a preference - interviewer missed following this up during joint interview with her partner.

<sup>193</sup> Bob (aged 62); Moira (aged 75); Lawrence (aged 63); Tim (aged 52)

preference for mixed mainstream provision<sup>194</sup> (women n= 11, 38%; men n=9, 56%). Those who preferred mixed mainstream provision consistently specified that it should be 'gay friendly' or 'LGBT friendly'.

### **Non-mainstream preferences**

Of those who expressed a preference for alternatives to mainstream provision, total of 14 women (48% of all the women who expressed a preference; and 78% of the women who wanted non-mainstream provision) wanted either women-only or lesbian-only accommodation. Of these seven wanted women-only<sup>195</sup> and seven wanted lesbian-only<sup>196</sup>. Among the men participants four gay men (9% of total sample; 25% of all the men who expressed a preference; and over half of the seven men who expressed a preference for non-mainstream provision) expressed a preference for gay-men exclusive accommodation<sup>197</sup>. In terms of mixed 'lesbian and gay' or 'gay and lesbian' or 'lesbian, gay and bisexual' accommodation, this was the preference of seven participants (four women, three men)<sup>198</sup>. Only two out of 45 participants (one woman, one man, less than 1% of total preferences) expressed a preference for LGBT (lesbian, gay, bisexual and trans) provision<sup>199</sup>.

The majority of women participants (62%) expressed a preference for non-mainstream provision, most wanting either women-only or lesbian-only accommodation, with many of the women who chose lesbian-only as their first option, selecting women-only as their second option. The *least* popular option among the women participants was LG/LGB/LGBT provision. The gay men in the sample expressed a first preference for mixed mainstream provision (56%), and a second

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<sup>194</sup> Theresa (aged 63); Marcia (aged 66); Angela (aged 64); Yvette (aged 69); Jennifer (aged 62); Bernice (aged 60); Violet (aged 73); Diana (aged 69); Donald (aged 75); Graham (aged 70); Jack (aged 66); Walter (aged 58); Andrew (aged 68); Doris (aged 69); Tessa (aged 58); Lewis (aged 65); Tim (aged 52); Lawrence (aged 63); Moira (aged 75); Bob (aged 60)

<sup>195</sup> Daphne (aged 60); Vera (aged 60); Alex (aged 60); Rachel (aged 64); Judith (aged 71); Ellen (aged 64); May (aged 64)

<sup>196</sup> Sandra (aged 61); Claire (aged 65); Agnes (aged 92); Maureen (aged 62); Bridget (aged 66); Frances (aged 66) and Cat (aged 63)

<sup>197</sup> Arthur (aged 60); Ken (aged 64); Alastair (aged 76); and Ian (aged 59).

<sup>198</sup> Stella (aged 66); Joan (aged 67); Frank (aged 70); Rene (aged 62); Les (aged 62).

<sup>199</sup> Alice (aged 60) and (Des aged 69).

preference for gay-men-only accommodation (25%). For an analysis by cohort, see Table 2, overleaf.

	Mainstream ('LGBT friendly') <sup>200</sup>			Gender/sexuality exclusive (i.e. Women – only; Lesbian – only; Gay men –only)			L&G/ LGB/ LGBT			Totals		
	W	M	Tot	W	M	Tot	W	M	Tot	W	M	Tot
'Out Early'	3 (43%)	4 (57%)	7 (50%)	2 (29%)	3 (36%)	5 (36%)	2 (29%)	0 (14%)	2 (14%)	7	7	14
'Breaking Out'	1 (33%)	4 (66%)	5 (55%)	0	1 (17%)	1 (11%)	2 (66%)	1 (18%)	3 (33%)	3	6	9
'Finding Out'	3 (27%)	1 (33%)	4 (27%)	8 (57%)	0	8 <sup>201</sup> (53%)	0	2 (66%)	2 <sup>202</sup> (13%)	11	3	14
'Late Performance' <sup>203</sup>	3 (60%)	0	3 (60%)	2 (40%)	0	2 (40%)	0	0	0	5	0	5
'Lesbian Elective'	1 (33%)	0	1 (33%)	2 (66%)	0	2 (66%)	0	0	0	3	0	3
<b>Totals</b>	11	9	20 (44%)	14	4	18 (40%)	2	3	7 (16%)	29	16	45

**Table 2.** Mainstream vs non-mainstream residential care preferences as expressed by the 45 out of 60 participants who expressed a preference, by cohort, and by gender.

## Preferences to die

Of the 10 participants who expressed a preference, eight wanted to die first and had plans to do so<sup>204</sup>; another said she would rather die rather than go into mainstream

<sup>200</sup> Those who preferred mixed mainstream provision consistently specified that it should be 'gay friendly' or 'LGBT friendly'

<sup>201</sup> All women

<sup>202</sup> Both men

<sup>203</sup> All women

<sup>204</sup> Eight out of 53 participants wanted to die rather than go into a care home: Daphne (aged 60) - 'I would rather take the half a pint of Jamieson's and forty Paracetamol route'; Rupert (aged 68) - 'I always keep a lethal dose of something.... there will be a point at which, I think, it will be wise to exit'; Sam (aged 61) - 'Because my quality of life, if I was in that state, I wouldn't want it'; Iris (aged 61) - 'I don't want to end up in any sort of care home'; Phil (aged 62) - 'What I would like is to have a party, where there's everybody I love around, say 'OK guys, bye' [waves], stick the bag over my head, turn the valve on, please.'; Sally (aged 73) - 'I can't imagine anything worse to be in hell hole in the armpit of a care home, where I'm abused or neglected. I'd rather die, thank you!'; Jennifer (aged 63) - 'I hope I would be brave enough to kill myself, to take control over my own death.'; May (aged 64) - 'What I would want to do is just die. I just long for the day that they accept euthanasia. I would be

care provision and another said she would like the option to end her life when she wanted, either before entering care provision or after doing so if it proved too much)<sup>205</sup>. In all, ten out of 50 participants (20%) expressed the wish to be able to end their lives in one way or another rather than go into sheltered housing or care provision. See Table 3 below for an overview.

	Want to die before entering care provision (irrespective of what is available)			Want to die at chosen time, possibly after entering care provision			Want to die if preferred form of provision is not available			Totals		
	W	M	Tot	W	M	Tot	W	M	Tot	W	M	Tot
'Out Early'	1	2	3	1	0	1	1	0	1	3	2	5
'Breaking Out'	2	1	3	0	0	0	0	0	0	2	1	3
'Finding Out'	1	0	1	0	0	0	0	0	0	1	0	1
'Late Performance' <sup>206</sup>	0	0	0	0	0	0	0	0	0	0	0	0
'Lesbian Elective'	1	0	1	0	0	0	0	0	0	1	0	1
<b>Totals</b>	5	3	8	1	0	1	1	0	1	7	3	10

**Table 3.** Participants who expressed a wish to die (and had identified means to do so) in relation to older-age care needs and formal older-age care provision, by cohort, and by gender.

### Preferences of those already living in sheltered accommodation

Out of the ten participants already living in mixed mainstream sheltered accommodation, three of them expressed a preference for this<sup>207</sup>. One of these was

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scared about doing it to myself, committing suicide. But, oh for some doctor to be able to give you an injection. I just don't want to end up in an institution.'

<sup>205</sup> Alice (aged 60) 'If I can't see that there is some kind of housing or community solution that would bring me into contact with other LGBT people, if I was stuck on my own, I'd much rather sell up and get a scruffy little villa on a Greek island, for six months or a year, and then kill myself'; Stella (aged 66) - It's something I have thought about seriously. I think I would do it in an orderly fashion, because I'm a neat sort of person, so I would probably do it through some organisation or agency that I had investigated to do it with. ... You've got to have contingencies. If you can't look after yourself is one thing. But if you're living in a home and you don't like your life, and you want to try something else, you might want to have a contingency for that. And then there's the final thing, 'I'm fed up with it now' ... so I could at least, when I'm really weak, I could say [in hoarse voice] 'Invoke Plan D', as opposed to Plan A, which I shall have already passed. Plan D would be the ending, that would be the pills and Dignitas.'



Lewis (aged 65) who had also expressed a strong preference for an LGBT - only day centre and another was Doris (aged 69) who is not currently out in her sheltered accommodation, which she thinks needs to become more 'gay friendly'. Six of the other participants already living in sheltered accommodation, expressed the wish not to be doing so, and a preference for the following: three wanted to be living in 'lesbian and gay' or 'gay and lesbian' accommodation<sup>208</sup>, one wanted to be living in LGBT accommodation<sup>209</sup>, and two wanted lesbian-only<sup>210</sup>. One did not specify what form of provision she would prefer<sup>211</sup>.

### **Menu of choices**

All of the participants were agree that there should be a menu of choices of care and accommodation ('One size doesn't fit all', Martin aged 62; 'I think people should have choice around that area and there should be homes for gays and lesbians definitely', Jack aged 66; 'I would like to see a choice of care homes'. Rene aged 63).

### **Analysis by cohort**

There was little significant variation according to cohort (see Table 7.2 overleaf) with two exceptions: the 'Out Early' and 'Breaking Out' cohorts of women comprised those who preferred LG/LGB/LGBT accommodation and apart from a noticeably higher proportion of the 'Finding Out' cohort of women preferring women-only or lesbian-only accommodation. It could be that the women participants who 'discovered' a lesbian sexuality, often did so within a feminist politicised context, which would orientate them more towards women/lesbian only provision; whereas lesbians who came together with gay men via rights activism might be more likely to be comfortable with LG/LGB/LGBT provision.

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<sup>206</sup> All women

<sup>207</sup> Graham (aged 70); Lewis (aged 65); Doris (aged 69).

<sup>208</sup> Rene (aged 63); Les (aged 62); Frank (aged 70)

<sup>209</sup> Des (aged 69)

<sup>210</sup> Bridget (aged 66); Agnes (aged 92)

<sup>211</sup> Julia (aged 69) - had been about to move in with lover, but plans fell through and can't see beyond that at present

	Mainstream ('LGBT friendly') <sup>212</sup>			Gender/sexuality exclusive (i.e. Women – only; Lesbian – only; Gay men –only)			L&G/ LGB/ LGBT			Totals		
	W	M	Tot	W	M	Tot	W	M	Tot	W	M	Tot
'Out Early'	3 (43%)	4 (57%)	7 (50%)	2 (29%)	3	5 (36%)	2 (29%)	0	2 (14%)	7	7	14
'Breaking Out'	1 (33%)	4 (66%)	5 (55%)	0	1 (17%)	1 (11%)	2 (66%)	1 (18%)	3 (33%)	3	6	9
'Finding Out'	3 (27%)	1 (33%)	4 (27%)	8 (57%)	0	8 <sup>213</sup> (53%)	0	2 (66%)	2 <sup>214</sup> (13%)	11	3	14
'Late Performance' <sup>215</sup>	3 (60%)	0	3 (60%)	2 (40%)	0	2 (40%)	0	0	0	5	0	5
'Lesbian Elective'	1 (33%)	0	1 (33%)	2 (66%)	0	2 (66%)	0	0	0	3	0	3
<b>Totals</b>	11	9	20 (44%)	14	4	18 (40%)	2	3	7 (16%)	29	16	45

**Table 4.** Mainstream vs non-mainstream residential care preferences as expressed by the 45 out of 60 participants who expressed a preference, by cohort, and by gender.

<sup>212</sup> Those who preferred mixed mainstream provision consistently specified that it should be 'gay friendly' or 'LGBT friendly'

<sup>213</sup> All women

<sup>214</sup> Both men

<sup>215</sup> All women

## APPENDIX I

### Older LGBN Interviewees: Activism narratives

Participants	Cohort	Activism Narratives
Interviewees described three different forms of engagement with historical LGB rights activism: overt activism/consciousness-raising during women's rights and gay and lesbian rights movements; concealed as gay/lesbian and not overtly engaging with rights issues; living a heterosexual life (with or without a lesbian/gay identity) with rights movements only in the periphery of their awareness, or not at all. There was also a narrative of shifting processes: increasing awareness leading to identifying as lesbian/gay and/or increased activist involvement. Those interviewees who were activists described membership of, and campaigning with: CHE (the Campaign for Homosexual Equality) and the Gay Liberation Front; campaigning in relation to specific issues, e.g. Section 28; volunteering on various gay and lesbian switchboards in the 1970's and 1980's; running, or helping to run, specialist bookshops; participating in (lesbian and straight) women's consciousness raising groups in the 1960's, 1970's and 1980's, and in gay men's consciousness raising groups in the 1970's and 1980's; voluntary and/or paid work with Women's Aid, Rape Crisis and voluntary health/counselling services for women; supporting the women's peace movement, including living on various peace camps; radical feminist political campaigning; and more. More recently some interviewees have worked in schools to raise LGBT issues; with the police to work towards LGBT-friendly policing; and with faith organisation over same-gender marriage rights. Three are actively involved in a funded 'Older LGBT' support network.		
1. Alastair aged 76	Out Early	'I think I would probably not like [mainstream provision]. Because I think ... I'd have to be a walking Gay Liberation Front and I would find that extremely tedious after so many years' <b>Alastair aged 76</b>
2. Alex aged 60	Finding Out	<p>If you look at public care, or public funded care, there is a drive to slice off every penny, and so one of the first things that goes is access to good quality training and time with clients - allowing somebody enough time to pick up on those cues, time to ask slightly more sensitive questions. <i>Alex, aged 60</i></p> <p>Let's think of the profile of the people who may go into local authority residential care work. I suspect that many may have a religious motivation, I would imagine if you look at the population, there's going to be a high percentage who will subscribe to a religious belief, in some areas you're going to have a lot of people with religious beliefs that say homosexuality is wrong /a sin a crime, What you're doing is trying to shift their mindset by giving them some training that they don't really want to be doing, that they're really apprehensive about, and that is telling them something that all of their lives they've been afraid of. How do we get past that? I think what we need to go to the local authorities who commission the care homes and who set the specification, and talk to them about setting the specification, what they want, what they're going to have, is for the providers to have some sort of quality assurance around their LGBT commitment. It's not just awareness, it's got to be more than awareness. It's got to be awareness plus. That's where we have to go. There's going to be more of that as more councils divest themselves of their residential homes. Because this government is absolutely committed to the private sector and so councils are going to be smaller providers but larger commissioners of services. So there's also something about how the contracts are managed. <i>Alex, aged 60</i></p> <p>If the users of these services are not satisfied, or their friends are not satisfied, we've got to marshal the complaints, we've got to use them to improve services. <i>Alex, aged 60</i></p>

3. Alice aged 60	Out Early	I still think that there is an institutional homophobia that exists within both commissioners and policy makers around LGBT. I think they think we're still hanging out in clubs all the time and don't have any other needs. I think the perception is way, way off. So people still don't have to come out, you know we weren't included in the last census, all these things mean that we're invisible, so that we don't get the slice of the pie. We get little bits. (Alice aged 60)
4. Audrey aged 67		<p>If you take the factual base, you've got the fact that men were illegal, and they had, you know they ran the risk of more apparent danger if they came out. I mean we're talking about men of my generation, they grew up, probably most of them came out when it was illegal. And so you would have thought they would have been more fearful. But I think it is partly just that our whole culture is one where men are more visible than women, have more to say, and are more taken notice of. And why lesbians have been invisible has got all sorts of reasons. One of them is that whole thing about 'actually it's not important, it's not important what they get up to as long as they eventually get married' and it's gone on all through history and what women do isn't important... but I think it is also that women have felt much more frightened of the kind of social, emotional, sexual hostility and oppression that they might suffer if they came out. I don't know why...it just seems to be so, and there doesn't seem to be any rational explanation for it. Except to say that, maybe women were more able to hide as well, maybe it was actually more possible for us. You know, maybe you could go and, I don't know, work in a girl's schools or join the WI or you ... it, it's quite easy for a woman to have a totally female life... and maybe, if you see a lot of women together doing something, maybe there are more ways you could explain that to yourself.</p> <p>I'm very aware that they're far ahead of us on all these things in America ... they've got it together, and it's not happening over here. I mean some of the lovely books and television programmes, that I so admire [...] about older lesbians, belonged to the late 1980's when there was a burst of visibility because people were getting so worked up about Section 28. But they didn't grow into anything. Older LGB people are as invisible and under-provided for now as they were 25 years ago. It just hasn't happened in this country and I wonder why. And I wonder how Section 28 and the whole culture around that contributes to that lack.... Following Section 28, local authority funding to all kinds of LGBT support groups in the community was heavily cut in a lot of places. And I'm wondering if that set us back. Audrey</p> <p>I don't think people are into intersectionality, are they? I think the thing about activism, is that it tends to be about a single issue. People are active around a single issue. Feminists are about women but they're not about 'women and... and... and...'. Audrey</p> <p>Well we've got to crack this thing about invisibility. If you don't see people at all, you're acting as if they don't exist. [Talks about how marketing] Smiling, grey haired, smooth skinned heterosexual couples in adverts, well we need to get smiling lesbians in them too. Oh and single too, the invisibility of single people too [detail]. God help us, we've got to give them stereotypes, there are friendly stereotypes of gay men, but there aren't any of lesbians [detail]. So, it's about visibility. If you see people you've got to think about treating them as human beings, but if you don't see them, you can get away with pretending they don't exist or treating them as if they're not human beings. Audrey</p>
5. Bernice aged 60	Finding Out	'Making diversity training compulsory. [Used to be involved in diversity training] And it was an optional thing, whether they turned up or not, and so the attendance was very low, because they thought this has got nothing to do with me. So if they try and put

		<p>training out there about LGBT in those organisations, the staff that most need that training won't actually do it.</p> <p>We've got a duty to keep the younger generation informed of the difficulties there have been to get this far and of the need to keep their eye on the ball because it could very easily slip back. They take so much for granted.</p> <p><b>DIVISIONS:</b> <i>Bisexuality:</i> I think there is a tendency among bi people not to identify as bi because there's so much prejudice about bi people... bi people don't get accepted into the LGBT community, because it's thought they want to have a foot in both camps. There's a lot of animosity about that, because it's felt that when they're in the gay groups, then they're happy to talk to the lesbian women, but when they're out there in the real world, they're straight acting. And there's a lot of resentment about that. Because they're not getting the abuse, they're not understanding what a lot of lesbians have to go through. And I think that's what causes a lot of the problems about bi women.</p> <p><i>Trans:</i> If they've got recognition in law, and they've got a certificate in law to say they are female, who am I to say they're not female? The important thing for me in them coming into a group like this is they identify as lesbian. I don't want trans women coming into this group who identify as straight.</p>
6. Bob aged 60	Out Early	<p>I'd like to think that generations coming up – we didn't do what we did for anyone else, we did what we did to make changes in our own lives not the lives of anyone else – but, I'd like to feel that younger people come though recognising there was a struggle, and I don't mean just lesbian and gay young people. I would like there to be an acknowledgment that there was a civil rights campaign, and that it has brought about more cohesion in society, has saved lives, and is saving lives.</p> <p>I think two of the things in the 1980's that moved things forward phenomenally, were section 28, which said that, with no legal teeth, that schools couldn't teach anything around it, or raise the subject properly. Although at the time, it seemed like an enormous step backwards and an affront, and it was, it galvanised a campaign that really got people behind banners again. You see, in the early days of gay liberation front, not big numbers, but big numbers of people for the time, coming out, going on marches, having gay days and actions and all sorts of things, so, that had kind of, it's funny every now and then, well, you've arrived now, so what're you still bleating on about, you know, I can remember that kind of feeling happening in the late 70's, early 80's, even a lot of gay people saying, well it's getting better, things aren't as bad as they were in the past, we've got discos, oh we're not interested in politics, you know. But unfortunately, or fortunately in many ways, politics is interested in us, so when Section 28 happened, it galvanised people and made people angry again. It also happened at the same time as AIDS/HIV was hitting the scene, and that, it was a strange thing, because, it, brought out the prejudice in society big time, with the horrendous adverts and front pages and the Christian right, and everybody getting so outrageous, that it became obvious that, that was just plain wrong, and, the scale of it in England, even though it was small overall, but people around were getting really ill and dying, and I think that the, when section 28 came along it just really galvanised people, and I think it moved the debate on. We were front page, even though we were unpleasantly front page, we were there, we were visible. In the same way, we're still invisible. How many of us are out? There's a huge gamut of us that are invisible. So obviously there's still internalised and external homophobia. But, we were on the front pages, we were in the news, we were on television, and I think that put us in the forefront. And it was something government had to talk about. You couldn't ignore this health crisis. However much you wanted to, you couldn't. And then you had the creation of organisations to do with that, Terence Higgins Trust, Gay Men Fighting AIDS, Stonewall coming on board in the '90's, and it was getting out there the message</p>

		<p>was getting out there. You had the beginnings of the lowering of the age of consent. It came down to 18. And that began to send the message out to people that we could win things. We could win things. Rights. But each time we won something, I can remember a lot of people saying, gay and straight, well what are you still going on about, you're there now. And we weren't and we aren't.</p> <p>We are not there because the majority of gay and lesbian people are not out. We do not feel able to be ourselves in society. There is still bullying in the workplace, in schools. There is still homophobia. There probably for a long while will be attacks, because there are around race, other issues, disability issues, gender issues. Where we've moved on is that we now know that's not OK. And that message is going out through the big institutions like the police. People are putting that information out. It's no longer OK. But, we are not, we're still not at a point where kids can come out to their parents en mass. Bob aged 60</p> <p>But in the end we are lots of different communities which overlap with other people's communities, we live in one world in one society, however we have linked similarities and linked causes, so we do need to promulgate the idea of the LGB community, but it's very different for somebody from a Hindu background, an Islamic background, a fundamentalist Christian background, or somebody who lives in a place where maybe there isn't a lot of education of high achievement and they're living on sink estates, and you're going to get a lot of prejudicial stuff, and it's going to make their lives very different... Bob aged 60</p>
<b>7. Cat aged 63</b>	Lesbian by Choice	We've talked about beginning to build up a group of lesbians who either buy a private employment company or join another one to work and make provision to provide personal carers or personal assistants.
<b>8. Claire, aged 65</b>	Finding Out	We'd a big campaign here around Section 28. And I lived in an area that was ethnically quite mixed. But the posters in the shop windows, in the Asian shop windows, I mean clearly they'd been told to put them there, you know... 'Keep Section 28,' 'Don't let your children learn about homosexuality in school,' 'Don't let them be indoctrinated, it will turn them all into homosexuals.' Usual kind of nonsense. And that was the kind of thing, posters, coming from the imams in the mosques, or the community leaders. That was most obvious. But I am sure the Catholic church, the ultra-fundamental Christian sects, you know, it was a real hard struggle. And Scotland is a very religious country. I remember picketing somewhere [fundamentalist meeting] and these people were usually opposed to each other but they were united in hatred.
<b>9. Clifford aged 67</b>	Out Early	<i>Also activist informant</i>
<b>10. Daphne aged 60</b>	Out Early	'a lot of dykes together can be purgatory. And a lot of old dykes together could be even worse [laughs]...
<b>11. Des aged 69</b>	Finding Out	<p><b>DIVISIONS:</b> 'Having been in [LGBT support group], I have thought that it would be nice to live with gay people [and] lesbians as well and even transgender... I feel sorry for lesbians, because it seems to me that there are not the same facilities and bars for lesbians that there are for gay men [and] some of the women in the group are funny.'</p> <p>Two of my daughters live in ['middle class area'] and the smaller of the children go to the local primary school, and there's two gay men who live there, and they have a child. And it's quite accepted that they take the child to school. And my middle daughter, her children said 'When you get older, how do you know whether you marry a man or a woman?' So, Rebecca said to them 'Well, it depends who you really like. If you really like and love a man, you will marry a man. Or if you really love and like a girl, you'll marry a girl.' And he said 'Oh, I don't really like girls, I think I'll marry a man'. [And] she was fine about it.</p>

<b>12. Diana aged 69</b>	Breaking Out	<p>Diana, observing her own increasing frailty (Chapter Four) observed: It's possible. But the trouble is, we're getting old, and I've watched my peers suffer with worse conditions than me, and I perceive that in myself. I'm not as mobile as I used to be. I decide if I'm going to certain placed now. I'm not going to travel all the way across [city] for a debate on something. I want things to be more local. So I have a vested interest in my own locality. [used in Chapter 7] But I can't be a woman on my own to do that either, so I think we want some intergenerational stuff.</p> <p>Well I think social services directors, health services directors, all the hierarchies in health and social care, they need to pick it up and put it in their agenda. (Diana, aged 69)</p>
<b>13. Donald aged 75</b>	Finding Out	<p>Insofar as I am an activist at all, yes I will take those issues up. But my problem now is that physically, it's difficult. I have difficulty walking, I'm in constant pain, I have bad neuropathy. And you need a certain degree of energy to do that. And so what I tend to do now is provide a bum on seat or turn up and wave a stick, or something like that. But as far as organising goes, I've been organising people all my life, and I was certainly burnt out by the end of [it]. But take a major leadership role, no.... I want time to myself. Which leaves us with a neat dilemma, how will we get any of this done, if none of us will do it?! [laughs]</p> <p><b>DIVISIONS:</b>...Then after about a year I joined Ice Breakers, do you know them? They were among the first, in fact I think they were the first line. They predate Gay Switchboard by a few months and, they basically were there for any gays, and initially it was for both sexes, but eventually, the women in the collective decided to set up Lesbian Line. And so we split.</p> <p>...The phone office was in [name of road], the whole road had been squatted by gays and I got to know them, and they set about removing my middle class inhibitions.... They had me doing gay street theatre in drag in the East End!</p> <p>...The wonderful thing about them was that politics had to be [inaudible] fun with a sense of humour. They did things like teaching me the policeman game. If two gay men are walking down the street and you see two policeman coming towards you and in [district] they always go in pairs, then you are duty bound, even of you hate the other guy, to take him by the hand, slightly apart, and ostentatiously walk along. And as you come up to them they wont look at you, anywhere but you, so as you go past, you quietly count '1,2.....8, 9, 10' and then you both turned round and bow and they're staring straight back at you. And the other thing was a party of you coming home late at night, and there's another, there's a single man in the street, and you wolf whistle, and he looks around to see where the woman is who's being wolf whistled, and then it suddenly dawns on him, he's being wold whistled! This was the 70's and it was a great time.</p> <p>... One of the things I much regret is that badge wearing went out of fashion. Because, I just know from the people I talked to later, just how important it was, seeing somebody wearing a gay badge.</p>
<b>14. Doris aged 69</b>	Out Early	<i>Also activist informant</i>
<b>15. Frances aged 66</b>	Lesbian by Choice	<p>...When I told my coming out story to a woman who is probably late thirties, she really didn't believe me. She didn't believe that becoming a lesbian could be a political choice. She'd always been attracted to girls when she was younger, so for her it wasn't an issue and she came out at a time where it wasn't an issue. So, she, I mean literally, her jaw dropped and she looked at me as if I were telling her a fable. It took quite a while for me to convince her that no, it was absolutely true, and that I wasn't the only one.</p>

		So, it isn't that I feel like we're endanger of losing that history, because it's certainly recorded, but on the ground, one to one,, between generations it's definitely been lost and I think it's important that it not be.
16. Frank aged 70	Breaking Out	Because when you get a group of gay men on their own, they are so catty.... To me that would be safer idea. Because the staff that were there would know that this is what the community is, and how to treat them.
17. Jennifer aged 62	Lesbian by Choice	<p>I mean one of the problems is that in many care homes the carers are people from different cultural backgrounds where perhaps homosexuality is not on the horizon, it never occurs to them... well, they have to be trained. I think training helps. I don't care what they think, well, I do care what they think, and the way it will change, the way we will change them is by mixing with us, actually... And get rid of them if they're prejudiced. Sorry, no I just wouldn't keep them. <i>Jennifer, aged 62.</i></p> <p><b>DIVISIONS:</b> it's a huge issue around, around, um, space, for feminists, let. alone lesbian feminists with male to female transsexuals wanting to come into that space and not sharing the experience or the cultural mores or whatever. And then they have destroyed many things, I mean they're actually a quite strong politics force, and they do stop events being cancelled [gives an example of conference being cancelled because an anti-trans presenter had been invited]. What I think is, transsexualism is wrong, surgeons should not and doctor's should not interfere with people's bodies, individuals who think they are in the wrong sex, are wrong to think this, although I accept they think it, they would be much better off expanding the definitions of being whatever sex it is that they are. So a woman who thinks she is a man, should just go on being a woman, or she should be very suspicious about what she wants by being a man, is it male power that she wants, which is what we should be getting rid of. So I absolutely think it shouldn't happen.</p> <p>I [was talking with someone who was bi... And I come from that generation who's really suspicious of people who call themselves bi, you know, because in the old days it meant you were having your cake and eating it to, so it meant you weren't really with us in the revolution these were just residual feelings, I don't have those feelings now, and she was able to convince me that it was an identity that she had that she thought should be more public and was completely suppressed in the LGBT thing. I hated 'lesbian and gay community', I hated 'LGBT' even more, I felt we had four different interest groups there. But she was saying that they just get left out of it, because all the other groups are suspicious of them, which I thought was just fine, but we're all 'b' if truth be told, we're all potentially 'b', we may not act on it, but I think we're just all sexual. We're just all sexual. And we might choose, or only feel impelled towards sex, but the world's a very funny place and once of the things I've learned is that we do some very funny things in our lives and I've done some very funny things [goes on to talk about places she's had sex]. So I don't think we're fixed, but I know that lots of people, plenty of gay men would say that's rubbish.</p> <p>for tactical reasons, for practical reasons, there's a lot to be said, for having that as an alliance, which is based on sexuality and sexual choice, because then you can work together and as I said before if you've got men in the group, you're taken more seriously, that shouldn't be the case, but it is. The down side is that you can be sure it will be gay men who will dominate every single concern and the only time that lesbians are ever trotted out is around parenting issues, and I bet that's stopping, because there are enough gay men now who are parents, that they'll start producing them instead, and even then parenting issues were always marginalised. So, I think that lesbians and gay men have very little in common, but in general we are opposites. Many gay men hate women, um, they're certainly, a lot of gay men are very derogatory about women, their swear words and their epithets that they use</p>



		<p>in a derogatory way are about women... there's the whole camp thing which is sending up women, whatever people say, it is about appropriating and sending up and is about stereotypes and sending them up, in parody form, and when it's not sending them up, then what it's doing is playing into stereotypes that women reject, or at least feminists reject. So, I don't think we have much in common.</p> <p>I mean obviously there was clause 28 and the big campaigns around that which actually brought lesbians and gays together, which again I've got mixed feelings about, because lesbian feminism was a big movement and it was getting on really well, and we were doing an awful lot of stuff about making lesbian history visible and politicising sexuality, but, the truth is it's much easier to make headway in society if the man are on your side, if you've got men on your side, because men are taken more seriously, so we got diverted into Section 28 and the campaigns around that and you got a much stronger and more visible movement, and I think that from then on, again a lot of the arguments I didn't hold with, so I think it's a bit of both. I mean I think it's partly the legal and political changes, but I don't think they'd have happened without the politics first, the campaigns.</p>
<b>18. Ken aged 64</b>		<p>I've got a lot of female friends, although I don't have a lot of straight male friends, like a lot of gay men, I have quite a lot of female friends, of a certain age. I mean, no offence, but some women, I mean [name] she was her last night, I mean she's a fag hag, she actually said this, a word I hate, but there are quite a few women who are fag hags, I mean going on cruises [detail...]... they want to mother me .... [a fag hag is] ...A woman who really enjoys the company of gay men and has a lot of gay male friends... I get. al.l these phone calls from these women 'How's it going with Jason?' (both laugh)... it's nice... they're very supportive. But oddly enough a lot of gay men are misogynists and they wouldn't like it... so quite a few of my gay male friends have no female friends. Others have a lot.</p>
<b>19. Martin aged 62</b>	Out Early	<p>But it's interesting, though, isn't it, I mean I was born in 1952, '49 whatever it was, the welfare state stuff came in, and I had free medical treatment, free schooling, which I never associated with any struggle to get, I think each generation stands on the platform the one before has built, and you kind of go from there, don't you?</p> <p>I think it's helped because it's put us on the table alongside all the other what are now called 'protected characteristic' people [laughs] so I think we're on the table for the first time... in the mainstream we were there along with, you know, it always used to be women, disabled and black people and then people would pause, and occasionally people would go, oh yes, and sexual orientation, and transgender. Yes, so the Equality Act pulled us in there, on the same table, on the same seats.</p> <p>, the main thing has been people who have had the courage to be out about their sexuality. For me without a doubt from gay liberation time onwards, it was that courage of that band, and those before them, to be out, it's only through them that change has happened.</p> <p>I think the fact that we are the 60's generation, as we moved into our seventies and eighties, we're going to have a different expectation of how the world should be. So, I don't think we're going to as easily, depends where you live, of course, I don't think we're going to as easily, slip into the cardies and slippers and whatever (Martin, aged 62, 'Out Early')</p>
<b>20. Phil aged 62</b>	Breaking Out	<p>[Quoting Peter Tatchell] [He said] if you visited Berlin in the 1920's and 30's, it was a queer paradise, you know, you could be out, hold hands in the street, that sort of thing. Five years later, you were being put in concentration camps for being gay... I don't trust</p>

		the straight world.
<b>21. Rachel aged 64</b>	Finding Out	[Talking about lesbian couple]They went to an opening evening at the school. And it was about sex education. And so lots of parents went with their children this particular year. And [godchildren's mother] came out in tears. It was so embarrassing. Because there was not one reference to same sex.... the approach the teachers took was to exclude all but heterosexual relationships. [She] was mortified. And she wrote a long letter to the education department, suggesting how the school might do it differently. Because their children were there, their children saw the omission as well and so, it would reinforce for them the negativity of their parents being lesbian.
<b>22. Sandra aged 61</b>	Breaking Out	I had been to quite a few events, very exciting events actually, Campaign for Homosexual Equality, although about 99% men as far as I could make out [e.g. group of 40 where she and other woman were only two women attendees], but I'd been opened up to the world. And at that time they were trying to work out whether paedophiles should be part of the group... As a group 'on the outside.' I said if they were allowed in I wouldn't stay, but they didn't.
<b>23. Stella aged 66</b>	Out Early	<p>'I think I'd prefer to have a lesbian and gay village, perhaps a sheltered housing scheme with extra nursing on site... [Talks about lesbian and gay politics in past]...</p> <p><b>DIVISIONS:</b> I mean there were political lesbians who would bite their hand off rather than speak to a man. And I thought that was a really stupid attitude and I joined a mixed switchboard. The law of unintended consequences, whenever a drag queen would ring and ask about make-up the gay men would hand the call on to a lesbian. And I'd say it's no good asking me! And the second law of unintended consequences is that I have spent more hours on the phone explaining the intricacies of gay male sex to a hesitant 16 year old than I could shake a stick at... So I think I would prefer a mixed lesbian and gay, and I would include the bisexuals.'</p>
<b>24. Tessa aged 58</b>	Out Early	All it took for a girl to be crushed, was for a boy to say something that implied she was a lesbian, or to say 'what do you mean you don't want to go out with me? You a lesbian?' whoomph, confidence gone, girls who are sporty, oh god, she must be a lesbian, she likes running, they wouldn't be at all they were just sporty girls, whoomph, they stop running. And even now, even now, it's one of the worst things kids would say to each other, and it was bandied around on the playing fields a lot was 'you're gay', 'you're gay', 'you're gay.'
<b>25. Theresa aged 63</b>	Finding Out	<i>Also activist informant</i>
<b>26. Vera aged 60</b>	Finding Out	My granddaughter said to me the other day, and I can't remember apropos of what, I think it was something to do with a photograph, and she said 'Oh women don't kiss women', and I said 'Oh yes they do', and she's five, just turned, and she said 'Do they?' As soon as I said 'Yes they do', she said 'Do they?', she didn't really know, she just hadn't seen any, so we had a little talk about it, about loving people, and she was absolutely fine about it. They don't care, they're not worried, they will get worried eventually, because someone will tell them it is something to get worried about, but at the moment they're not.
<b>27. Yvette aged 69</b>	Late Performance	<i>Also activist informant</i>

## APPENDIX J

**Older LGB/LGBT Activism in UK and worldwide<sup>216</sup>****UK****Age Concern Central Lancashire, ‘Older and Out’**

(<http://www.fiftyfiveplus.org.uk/index.php?news=3417>)

*Services:*

- Health promotion,
- Anti-stigma activities,
- Befriending and service user participation

*Campaigning:*

- Resource pack on older LGBT,
- DVD (on an older gay man),
- Older LGBT awareness training for service providers.

**Age Concern Manchester, Silver Service, ‘Out in the City’**

(<http://silverservice.org.uk/ageing-well/out-in-the-city.html>)

- Social/support group for LGBT people over 50 (weekly drop-in; weekly activities; monthly reading group).

**Age Cymru (Wales): Older LGBT Network**

(<http://www.ageuk.org.uk/cymru/professional-resources/older-lesbian-gay-bisexual-and-transgender-lgbt-network/>)

- Quarterly *meetings*; aims to ‘ensure that the needs of older LGBT people are catered for public services such as health, social care, housing and criminal justice; offers a safe space for marginalised voices to be heard and influence policy’; ‘seeks to identify and spread examples of best practice and highlight and challenge discriminatory practices.’

**Age UK (National)***Information and Guidelines*

- Page on website, ‘LGBT’: <http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/older-lgbt-communities/>
- Information pack: ‘LGB: Planning for Later Life’: [http://www.ageuk.org.uk/Documents/EN-GB/Information-guides/AgeUKIGo2\\_Lesbian\\_gay\\_or\\_bisexual\\_inf.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Information-guides/AgeUKIGo2_Lesbian_gay_or_bisexual_inf.pdf?dtrk=true)

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<sup>216</sup> All information understood as accurate at time of writing. Due to short-term funding issues, groups can close/open/re-open relatively quickly, and so this information may change across a relatively short period of time.

- (As Age Concern): literature review (Turnbull 2001); practice guidance (Smith and Calvert 2001); DVD's e.g. Gateway to Heaven (<http://www.gatewaytoheaven.co.uk/playdvd/>).

**Age UK London, 'Opening Doors':** (<http://www.openingdoorslondon.org.uk/>)

*Services:*

- Befriending
- Social activities
- Monthly group events
- Health advice sessions
- Access to LGBT friendly exercise classes
- Computer classes
- Information & Advice sessions
- Volunteering opportunities
- Training and awareness sessions for statutory and voluntary agencies.

*Campaigns*

- Checklist for Health and Social Care Providers
- Consultation on implementing the principles of our Checklist
- Staff equality & awareness raising training
- Ambassador representation at conferences, consultations and older people events

**Birmingham LGBT Centre, Topaz, Older People's Project**

(<http://www.blgbt.org/centre/older-peoples-project/>):

- Activities and events including the lunch & film clubs
- Training for health and social care providers
- Older LGBT housing group

**Brighton LGBT Switchboard, Older People's Project**

- **Commencing April 2014** 'A 3 year project providing activities to older LGBT people in the city. We will be working in partnership with a number of older people's services making existing services more accessible to LGBT older people, as well as developing LGBT specific activities.'  
(<http://switchboard.org.uk/sbnews/>)

**Equity Partnership, Bradford, Yorkshire:**

- 'Older & Bolder,' a *social group* in Bradford for gay and bisexual men aged 55 and over : <http://www.equitypartnership.org.uk/groups/older-and-bolder/>

**Lesbian and Gay Foundation, Manchester:**

- ‘Older & Bolder,’ a *social group* in Manchester for gay and bisexual men aged 40 and over : <http://www.lgf.org.uk/get-support/Groups/older-and-bolder/>
- Befriending Service for older LGBT people: <http://www.lgf.org.uk/get-support/befrienders/>

**LGBT Centre for Health and Well-Being (Edinburgh, Lothians & Glasgow): ‘LGBT Age’** (<http://www.lgbthealth.org.uk/content/lgbt-age>)

- Social groups;
- Volunteer befriending scheme;
- Information and advice service;
- Advocacy service;
- ‘Will also work with mainstream services to raise awareness of issues affecting older LGBT people and ensure that older LGBT people receive culturally appropriate and sensitive services that welcome us and meet our needs.’

**MESMAC North East** (<http://www.mesmacnortheast.com/lgbt-groups/older-people/>): Support for older LGBT people

- Health promotion;
- Anti-stigma activities;
- Befriending and ‘service user participation’ (social groups – variable)

**‘Minding the Knowledge Gaps’ project** (<http://bit.ly/189PMnY>):

- Six seminars plus major conference for academics, activists, service providers and older LGBT themselves on current gaps in knowledge about LGBT ageing, and how to address them.
- Twitter (@LGBTageing) with approximately 1,000 followers

**National Council for Palliative Care**

- Training resource and DVD re end-of-life care for older LGBT people: <http://www.ncpc.org.uk/news/new-resource-ensure-high-quality-care-dying-lesbian-gay-bisexual-and-transgender-people>
- Hosted 2012 conference on end-of-life care for older LGBT people: <http://www.ncpc.org.uk/news/first-ever-national-conference-end-life-care-lesbian-gay-bisexual-and-transgender-people>

**Older Lesbian Network, London** (<http://www.olderlesbiannetwork.btck.co.uk/>)

- Self-organised social events for lesbians aged over 40

**OLGA** (Older Lesbian Gay, Bisexual and Trans Association) (North-West England): (<http://www.olga.uk.com/about-us/what-we-do/>)

- [Community network & safe socials](#);

- [Befriending & Volunteering](#);
- [Signposting for advice](#);
- [Hate Crime Reporting](#);
- Workshops & training;
- Awareness raising.

**SAND (Safe Ageing No Discrimination):** (<http://lgbtsand.wordpress.com/>)

- *Small activist organisation:* ‘SAND has been formed to raise community awareness and help local authorities, care providers and carers to address the fears and discrimination that may be experienced by older LGBT people and carers by overcoming prejudice in care, stopping negativity, protecting those who are vulnerable and encouraging openness about specific LGBT needs.’

**Silver Rainbow, Croydon, London** (<http://www.silverrainbow.org.uk/>)

- Fortnightly social group for lesbians and gay men living in Croydon

**Stonewall Housing Older People’s Project**

(<http://www.stonewallhousing.org/insights/category/older-LGBT-housing.html>)

Stonewall Housing’s Older LGBT People’s Housing Group, with a dedicated project worker, was set up in 2010 to address the lack of research into and provision for, the housing wants and needs of older LGBT people (Stonewall Housing 2012) with the aim of enabling older LGBT people to:

- ‘Share their positive and negative experiences of current housing, care and support services’;
- ‘Access advice and support to prevent isolation and tackle harassment and abuse’;
- ‘Shape policy and practices on a local, regional and national level’;
- ‘Act as a resource for researchers, providers, policy and decision makers’;
- ‘Enhance their own skills and knowledge through involvement in the management of innovative projects’;
- ‘Confront developers and commissioners with their preferences for housing, care and support services and seek to improve the evidence base of need’;
- ‘Develop best practice guides and charter mark for providers of services which will improve housing, care and support services offered to LGBT people’;
- ‘Influence what services will be developed in the future, e.g. a new cohousing project for older LGBT people or LGBT people of various ages.’

**Stonewall**

*Information and Guidelines*

- ‘LGB in Later Life’ report:  
[http://www.stonewall.org.uk/documents/lgb\\_in\\_later\\_life\\_final.pdf](http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf)

- ‘Working with Older LGB people: A guide for care and support services’: [https://www.stonewall.org.uk/documents/older\\_lgb\\_guide\\_english\\_1.pdf](https://www.stonewall.org.uk/documents/older_lgb_guide_english_1.pdf)
- Page on website, ‘Older LGB’: [https://www.stonewall.org.uk/what\\_we\\_do/research\\_and\\_policy/health\\_and\\_healthcare/3480.asp](https://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_healthcare/3480.asp)

## **Europe**

### *Retirement Housing/Communities*

- **Finland:** *Equal Aging* is a three-year project, coordinated by Seta – LGBTI Rights in Finland: <http://seta.fi/i-wish-i-could-tell-video-gives-a-voice-to-lgbt-seniors/>
- **France:** *Le Village-Canal Du Midi*, Salleles D'Aude “Active Lifestyle” LGBT Retirement Community: <http://www.thevillagesgroup.com/rainbow/>
- **Netherlands:** *L. A. Ries House, Amsterdam* (<http://www.holebihome.be/>)  
Seven sheltered accommodation properties for older LGBT near a larger retirement home
- **Spain:** Madrid, *‘The December 26th Foundation’*  
Due to open in 2014 a new 115-apartment LGBT retirement complex in Rivas-Vaciamadrid (<http://bit.ly/1ejQhBL>; <http://bit.ly/1g99vI6>)
- **Sweden:** Renbågen (*‘The Rainbow House’*) Stockholm, LGBT retirement community: <http://www.thelocal.se/20131122/first-gay>

### *Campaigning*

- **ILGA-Europe** produced a policy document (in conjunction with Age Platform Europe): ‘Joint policy paper: Equality for older lesbian, gay, bisexual, trans and intersex people in Europe, November 2012’: <http://bit.ly/1bmIQQn>. Also campaigns on basis of that document.

## **Canada**

### *Networking/Campaigning/Training*

- **British Columbia ‘Aging Out’ Project** (<http://www.qmunity.ca/older-adults/aging-out-project/>)  
‘A two-year [2012-14] public education and policy development project that strives to increase inclusion and belonging amongst members of our LGTB community residing in assisted living and residential care facilities. Segments of the project include focus groups, interviews, training workshops and policy dialogues, which in turn will create community driven policy recommendations.
- **The Toronto Senior Pride Network** (<http://www.seniorpridenetwork.com>): ‘An association of individuals, organizations and community groups that share an interest and commitment

to expanding programs and services for 50+ lesbian, gay, bisexual, trans and queer people in the City of Toronto and throughout Canada.’

- **Rainbow Health Ontario** (<http://www.rainbowhealthontario.ca/home.cfm>):
  - LGBT health information, consultation, training, research and policy services, including specific programme for providers of aged care.
  - Comprehensive online information resource, including a specific subject area relating to older LGBT.

### *Support Services*

- **British Columbia ‘QMunity Generations’ (‘Queer community support project’) support for older adults** (<http://www.qmunity.ca/older-adults/aging-out-project/>):
  - Support/Discussion Groups (‘Queer Documentaries and Discussion’); community kitchen ‘in which older queers plan, purchase, cook, eat, and clean up a wonderful meal (with something to take home as well!) in a life-affirming and fun evening; peer facilitated social, caring support group for adults living with chronic illness and/ or disability; social activities (‘Over the Rainbow Social Club’; ‘Fruity Flick Fridays’ – ‘we invite older queers to watch a movie which always includes elements of queerness in a queer celebratory environment; casual, arts-based drop-in group; Fine Arts Appreciation League; yoga; educational workshops; bereavement groups; spiritual groups;
  - Special events; and Intergenerational Activities In-service for Home Support Workers/Care Aid
  - Training for health and social care workers
  - Organisational development
- **Ottawa Senior Pride Network** (<http://www.ospn-rfao.ca/index.php/en/what-we-do>):
  - **Work with service providers:** ‘We focus our work on organizations serving seniors such as residential care facilities, service agencies, palliative care services, and homecare agencies. The goal is to encourage/advocate for LGBT-positive spaces and cultural competence within these agencies and facilities. OSPN’s training team supports these efforts by providing workshops and professional development for staff, students and volunteers as requested.
  - Supporting older LGBT:
    - **‘Seniors Helping Seniors’** – ‘aims to reduce social isolation and contribute to a healthy aging LGBT community by bringing together LGBT volunteers with members of our community who need practical and social support.’



- **Social Spaces Committee** organizes social events for the senior LGBT community.
- **End of Life Care** group: film screenings and panel discussions about 'a choiceful death' and palliative care
- **The 519 LGBT Community Center, Toronto** ([www.the519.org/spn](http://www.the519.org/spn)): weekly drop-in sessions for older LGBT.

#### *Retirement Housing/ Communities*

- Vancouver: **Rainbow Vision Retirement Community** (under construction) (<http://www.rainbowvisionprop.com/vancouver.html>): LGBT retirement complex.

#### USA<sup>217</sup>

#### *Networking/Campaigning/Training*

- **LGBT Aging Issues Network (LAIN)** ([www.asaging.org/LAIN](http://www.asaging.org/LAIN)): Part of the American Society of Aging, provides an extensive list of LGBT aging resources.
- **SAGE (Services and Advocacy for LGBT Elders)** (<http://www.sageusa.org/>)
  - 'Largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual and transgender (LGBT) older adults. Our mission is to lead in addressing issues related to lesbian, gay, bisexual and transgender (LGBT) aging.
  - National affiliate program, 'SAGENET': 'SAGE builds the capacity of local SAGE affiliates nationwide to provide services and to engage in policy advocacy that improves their lives. In the process, we build a national, grassroots movement for LGBT aging.'
  - Advocates at the federal, state and local level for public policies that will improve economic security, community support, and health and wellness among a growing population of LGBT older people.'
  - Trains aging providers and LGBT organizations on the best ways to support LGBT older people via cultural competence training
  - Through main SAGE website, as well as sister site for the National Resource Center on LGBT Aging (<http://lgbtagingcenter.org/>), provides wide range of multi-media resources that explain issues facing LGBT older people.
  - 'Partners with leaders in the aging field and the LGBT movement to broaden our collective reach, strengthen our political power and inform one another's approaches to improving the lives of LGBT older people.'

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<sup>217</sup> Accurate at time of writing: further projects are in the pipeline.

- **National Center for Lesbian Rights Elder Law Project**  
(<http://www.nclrights.org/explore-the-issues/elders/elder-law-overview/>)
  - ‘Brings greater visibility and voice to LGBT elders, and advances equal treatment through litigation, legislation, policies, programs, and services.
  - ‘Advocates for policies and legislation that protect the medical and financial rights of LGBT elders, and educates health care providers, lawyers, and caseworkers who are charged with assisting them.
  - Empowers LGBT elders to protect themselves and ensures that they have the resources and information they need to access the rights that are currently available to them.
  - ‘Shows the public that every generation includes lesbian, gay, bisexual, and transgender individuals who deserve to live out their “golden years” with dignity, respect, and comfort.’
- **Old Lesbians Organising For Change (OLOC)** (<http://www.oloc.org>)  
‘A national network of Old Lesbians over age 60 working to make life better for Old Lesbians through support networks and by confronting ageism in our communities and our country using education and public discourse as primary tools.’

#### *Specialist Support Projects*

- **Nevada: Palm Springs LGBT Community Center of the Desert,**  
Support for Seniors (<https://www.thecenterps.org/services/seniors-at-the-center>): ‘The Golden Rainbow Club’ for Seniors, counselling for older LGBT and food banks for older LGBT.
- **New York:**
  - **Sage New York** (<http://www.sageusa.org/nyc/index.cfm>)
    - Full-time LGBT Seniors Centre
    - ‘Social services’ including case management, caregiver support, ‘Friendly Visiting’, and benefits counselling.
  - **Sage Harlem** (<http://www.sageusa.org/nyc/harlem.cfm>)  
‘Located in the historic former Theresa Hotel, SAGE Harlem offers bilingual information, referrals, services, programming, educational presentations and social activities for older LGBT residents in the community, and partners with local social services providers to expand access for LGBT consumers and sensitivity to their issues.’
- **The LGBT Aging Project of Massachusetts**  
(<http://www.lgbtagingproject.org/>)
  - *LGBT Community Meal Programs in Massachusetts:* weekly luncheons, monthly brunches, a monthly women’s program and two monthly supper programs.

- *Healthy Aging Programs*: healthy eating and memory training.
- *Caregiver Support Group*: monthly support for LGBT carers
- *LGBT Bereavement Support Group*
- *Senior Speakers Bureau*: ‘team of older LGBTs who are willing to share their experiences with audiences who want to learn more about the lives of LGBT elders’
- *Cultural Competency Training*: ‘interactive training program gives participants the opportunity to learn more about LGBT issues. The goal is professional development - systemic change for the organization and increased professional skills for the individual.’
- *Open Door Task Force*: An Innovative training and consultation program to ensure that mainstream elder service providers develop the Institutional capacity to serve LGBT clients and caregivers with dignity and respect.’
- *Community Education Seminars*: Range of one hour seminars for mainstream and LGBT community members, employers, service providers, caregivers and support networks.

- **(See also Openhouse, below)**

*Retirement Housing/ Communities*

- Florida: **The Resort on Carefree Boulevard** (<http://www.resortoncb.com/>): women-only retirement complex, for lesbian, bisexual and heterosexual women.
- Minneapolis: **Spirit on Lake** (<http://www.flock2it.com/>): LGBT retirement apartments.
- North Carolina: **Carefree Cove** (<http://www.cgrdevelopment.com/>): lesbian and gay retirement community.
- New Mexico:
  - **Rainbow Vision, Santa Fe** (<http://www.rainbowvisionsantafe.com/>): providing independent and assisted living options in an LGBT retirement community.
  - **Birds of a Feather, Los Nidos** (<http://www.flock2it.com/>): lesbian and gay retirement community.
- Philadelphia, PA: **John C Anderson Apartments** (<http://bit.ly/1hwnlRr>): LGBT retirement community partnered with local LGBT centre.
- California:
  - **Gay and Lesbian Elder Housing (GLEH)**, Los Angeles (<http://gleh.org/>)

- Older LGBT-friendly affordable housing with care ('Triangle Square')
- Community outreach: 'Education and Training programs are to increase the cultural competency, capacity, awareness and education level of providers and community members as they relate to issues specific to low-income elder LGBT and HIV/AIDS populations.'
- **Openhouse, San Francisco** (<http://www.openhouse-sf.org>)
  - 'Openhouse offers a wide range of programs and activities for LGBT seniors. These programs include exercise classes, men's and women's support groups, grief counseling, health workshops, housing assistance and more... a Friendly Visitor program to provide conversation and companionship to LGBT older adults in San Francisco.'
  - Training provision and resources (e.g. LGBT Cultural Humility Curriculum for Senior Service Providers, *'From Isolation to Inclusion: Reaching and Serving Lesbian, Gay, Bisexual and Transgender Seniors'*)
  - In conjunction with Mercy Housing California provides 'affordable housing specifically welcoming to lesbian, gay, bisexual and transgender (LGBT) seniors' (but open to all)

## **AUSTRALIA**

### *Campaigning/Networking/Raising Awareness*

- National
  - See **The National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy** (<http://www.health.gov.au/lgbtistrategy>), released by the Australian Government in December 2012, aiming to ensure the aged care sector can deliver appropriate care to older LGBTI individuals.
  - National LGBTI Health Alliance
    - 'The Alliance has made a substantial contribution to the policy sphere through various submissions. We currently have a working group on ageing, and are working with the Department of Health and Ageing on the development of the National LGBTI Ageing and Aged Care Strategy.'
    - Ageing and Aged Care Submissions:
      - Draft Aged Care Complaints Scheme, June 2011
      - Productivity Commission inquiry, July 2010

- Review of the Aged Care Complaints Investigations Scheme, August 2009
  - Review of the Accreditation Process in Residential Aged Care, July 2009
- Ageing and Aged Care Media Releases:
  - Development of an LGBTI Aged Care Strategy, July 2012
  - Announcement of LGBTI aged care initiatives, April 2012
  - Aged care service charter, June 2011
  - Productivity Commission's report, January 2011
  - Training for NSW aged care services, June 2010
- States
  - New South Wales:
    - **Rainbow Visions**  
(<http://www.rainbowvisions.org.au/resourcesAgeing.html>) - web resource guide, forums, academic presentations, an e-list on GLBTI ageing.
    - **ACON** [LGBTI health promotion organisation]: produced its own **GLBT Ageing Strategy** (<http://www.acon.org.au/about-acon/Strategies/ageing>); has held forums, roundtables, consultations, seminars and celebrations on ageing; member of a range of aged care.
  - Queensland: Queensland LGBT Ageing Action Group  
(<http://www.qahc.org.au/seniors#lgbt>)
    - The Queensland Association for Healthy Communities (QAHC), in conjunction with other organisations including the Gay & Lesbian Welfare Association and the Commonwealth Respite and Carelink Centre formed an LGBT Ageing Action Group. Its purpose is to:
      - involve LGBT older people in older people's services & representative structures;
      - identify the needs of older LGBT people;
      - identify the needs of service providers in caring for older LGBT people;
      - training and development of older people's services on LGBT issues;
      - development of LGBT specific projects or services
      - promotion of older people's services among LGBT people.

- South Australia: n/a
- Tasmania: n/a
- Victoria: **Gay and Lesbian Health Victoria (GLHV)** (<http://www.glhv.org.au/>) is a lesbian, gay, bisexual, transgender and intersex (LGBTI) health and wellbeing policy and resource unit, with various specialist streams, including:
  - A sexual health and aging research program and a webpage dedicated to LGBTI ageing resources (<http://www.glhv.org.au/category/topic/ageing>)
  - **Val's Café** (<http://valscafe.org.au/index.php/our-story/history>): 'A project that seeks to improve the health and wellbeing of older lesbian, gay, bisexual, trans and intersex (LGBTI) people. Central to this aim is creating safe and inclusive services that recognise and value older LGBTI clients. This is achieved by working directly with service providers to foster an understanding of the unique histories and experiences of their older LGBTI clients.'
- Western Australia: **The GLBTI Retirement Association Inc (GRAI)** (<http://grai.org.au/>)
  - Voluntary community-based group 'with a mission to create a responsive and inclusive mature age environment that promotes and supports a quality life for older and ageing people of diverse sexualities and gender identities.'
  - Website with news updates and quarterly newsletters.
  - Local and national campaigning.

### *Support/ Retirement Communities*

- New South Wales
  - **MAG (Mature Age Gays)** [<http://magnsw.org/index.htm>]: 'a peer support, social and educational group targeting mature age men forty and up who have sex with men, regardless of how they choose to identify themselves.'
  - **Ten Forty Matrix** [<http://www.olderdykes.org/>]: 'a vigorous loose-limbed organisation of lesbians over forty who relish discussion and debate about the issues we face in work, life, at home, in the arts and politics.'
- Queensland: n/a
- South Australia: n/a
- Tasmania: n/a
- Western Australia: n/a
- Victoria: **Linton Estate** (<http://www.lintonestate.com.au/>): GLBTI retirement community under construction